4269

04249

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 533
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: A. Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 608 Newfield Avenue

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) N. (Last) AARON

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-23-93

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fishing Creek, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Columbus T. Aaron

14. MOTHER'S MAIDEN NAME: Martha Wrotten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 219-07-7990

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) 1. CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s) 2. HYPOSTATIC PNEUMONIA — 3 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from June 4, 1953, to May 2, 1954, [redacted] and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE: JAMES J. NOLAN, M.D. James J Nolan (Degree or title)

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 5-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5-5-54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: May 5-54

REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR: Charles P. Towell, 6411 Windsor Mill Rd., Baltimore, Maryland

ADDRESS:

RECEIVED
MAY 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04250

4270

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-5

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 61 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural give location) Pasadena, Maryland

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) R (Last) ANGEL

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 7/16/75

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Owner (Ret)

10B. KIND OF BUSINESS OR INDUSTRY: Gen'l. Mdse.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Angel

14. MOTHER'S MAIDEN NAME: Sophie Switzleberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) SENILITY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OLD CORONARY THROMBOSIS WITH OLD INFARCTION OF LEFT VENTRICLE — UNKNOWN

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that X VA attended the deceased from Mar 23, 1954, to May 23 1954, [illegible] and that death occurred at 8:40 PM, from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 25/1954 — NAME OF CEMETERY OR CREMATORY Meadow Ridge Cemetery — LOCATION (City, town, or county) (State) Wash Blvd. Balto, Md.

DATE REC'D BY LOCAL REGISTRAR May 25, 1954 — REGISTRAR'S SIGNATURE Dawson L. Parker by L. H. DeCelles mm

24. FUNERAL DIRECTOR Singleton Funeral Home — ADDRESS 200 Crain Highway Glen Burnie, Md.

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MAY 28 1954
BUREAU V. S.

4255

04251

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4N

1. NAME OF DECEASED (Type or Print) ARTHUR ARNOLD

2. DATE OF DEATH 5/21/54

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5102 BENSON AVE.

c. Length of stay in Baltimore Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted] ARBUTUS
D. STREET ADDRESS (If rural, give location) 5102 BENSON AVE

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M.	W.	MARRIED	AUG. 16, 1911	42		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SUPERVISOR	BALTO. SALES BOOK.	BALTO. MD.	

13. FATHER'S NAME CHARLE J. ARNOLD

14. MOTHER'S MAIDEN NAME CARRIE GRINER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	215-07-1246	MRS MAUDE ARNOLD, 5102 BENSON AVE.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH

DUE TO ATHEROSCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

M. CERTIFICATION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES X NO

22. *I certify that I took charge of the remains described above, held an* _____ Autopsy, Inspection or Inquiry *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE Paul F. Smith M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 5/22/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	MAY 25/54	MEADOWRIDGE	DORSEY MD.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAY 24 1954	[illegible]	Harry H. Wilhide 4101 EDMONDSON AVE

PLEASE WRITE PLAIN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 27 1954
BUREAU V. S.

4271

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04252

Items 8,13,14 film G167 6/10/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore CITY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5313 Edmondson Ave HOOD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2149 Wilkins Ave

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) R (Last) ASNER
4. DATE OF DEATH: (Month) 5- (Day) 31- (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married
8. DATE OF BIRTH: 9/23/96
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Fireman
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Moses ASNER
14. MOTHER'S MAIDEN NAME: Annie ROGOFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: A. Ruth Asner - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma of Lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vascular

19a. DATE OF OPERATION: Aug 7 1953
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1953, to May 31, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 10-05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Nate R. Rotwitz - MD
ADDRESS 157 Wilkins Ave
DATE SIGNED 6/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-2-54
NAME OF CEMETERY OR CREMATORY: United Hebrew
LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG.: 6-2-54
REGISTRAR'S SIGNATURE: A. W. Judenfreund
25. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4272

MARYLAND STATE DEPARTMENT OF HEALTH

05214

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Calvin (Middle) (Last) Baublits

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	W	M	6/26/1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boy
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (State or foreign country): Parkton Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Baublits
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-16-8670
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull, crushed left chest multiple body fractures. — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Beckleysville (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5/30/54 7.15 p.m.
INJURY OCCURRED While at Work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. M. Frame (Degree or title) M.D. ADDRESS: Parkton Md DATE SIGNED: 5/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF June 2, 1954 | NAME OF CEMETERY OR CREMATORY: Beckleysville | LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 6/2/54 | REGISTRAR'S SIGNATURE: Cecelia L. Lewis

24. FUNERAL DIRECTOR: Jacob Hostetter ADDRESS: New Freedom Pa.

VS. A15A

RECEIVED
JUN 14 19[illegible]
BUREAU V. S.

4273

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04253

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville; LENGTH OF STAY (in this place) 14 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Padonia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; STREET ADDRESS (If rural give location) Padonia

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Green Carl (Last) Bange

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3 Nov. 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Hanover Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Bange

14. MOTHER'S MAIDEN NAME: Clara Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Son - Same address (George Bange)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio sclerotic Cardio vascular disease — 7 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to May, 1954, that I last saw the deceased alive on 25 May, 1954, and that death occurred at 8:50 P M, from the causes and on the date stated above.

SIGNATURE Walter T. Kees M. D. ADDRESS Cockeysville, Md DATE SIGNED 26 May 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 29, 1954 | NAME OF CEMETERY OR CREMATORY Fairview Cemetery | LOCATION (City, town, or county) (State) Sunnybrook, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 1 June 1954 | REGISTRAR'S SIGNATURE Anne Armistead MacRae | 24. FUNERAL DIRECTOR John Burns' Sons ADDRESS Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 3 19
BUREAU V. S.

MARYLAND

4274

04254

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): White Hall
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hunter Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Hall
STREET ADDRESS (If rural, give location): Hunter Mill Road

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) WILLIAM (Last) BLUNDON

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 5, 1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Maker by Trade

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. A. Blundon

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 579-12-6085

17. INFORMANT AND ADDRESS: Family information

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 19 54 to May 17, 19 54, that I last saw the deceased alive on May 10, 1954, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE: James Thomas Jr. M.D. (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 20, 1954 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 5-20, 1954 — REGISTRAR'S SIGNATURE: Mrs Howard S. Mackelvie

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
MAY
BUREAU V. S.

Item 9, Film G168 7/14/54 fcy 4275
Item 2 film G 57 6/1[illegible]/54 cp

04255

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 65

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 40 near Martin Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Whiting
STREET ADDRESS (If rural, give location) 1631 Atchison Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Dewey (Last) Bowen
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 15-1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: at Restaurant
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jordan Bowen
14. MOTHER'S MAIDEN NAME: Mollie L. Sims
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: 364-16-3256
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Lacerated rt. parietal skull and bone component, multiple
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) base of skull.
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) Middle River (County) Balto. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 28-54 8 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Automobile (pedestrian crossing) hit by auto.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF 6-5-54
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 6-4-54
REGISTRAR'S SIGNATURE A. W. Dennis
24. FUNERAL DIRECTOR ADDRESS C. Christine Bruzinski 1407 Eastern Ave.

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04256

4276

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 34 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W (Last) BOWEN

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-12-95

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10B. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Port Republic, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Beniah Bowen

14. MOTHER'S MAIDEN NAME: Maggie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 220 07 1791

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LARYNX WITH METASTASIS

ANTECEDENT CAUSE (B) DUE TO TO CERVICAL LYMPH NODES AND LUNGS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Apr. 20, 1954 to May 24, 1954, [redacted], and that death occurred at 1:00 A M, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 5-24-54

JOSEPH M. MILLER, M.D. M. D.

Chief, Surgical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE: 5-26-54

NAME OF CEMETERY OR CREMATORY: Ashbury Methodist Church

LOCATION (City, town, or county) (State): Calvert County, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5-24-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore 14, Md.

ADDRESS

Howard Blight

VS. A15—10-55

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04257

: 4277

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: Baltimore
COUNTY Lochearn MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3828 Arbutus Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - Lochearn
STREET ADDRESS (If rural, give location) 3828 Arbutus Ave

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) W. (Last) BOWEN

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Aug 22 - 1859

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aquilla G Bowen

14. MOTHER'S MAIDEN NAME: Mary E Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. George Breeden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio vascular — Interval between onset and death: 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) C.P.C. Hemorrhage of Lungs — Interval between onset and death: 3 weeks

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1954, to 5/15, 1954, that I last saw the deceased alive on 5/15, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dr E W Brown 1202 St Paul St Balt Md 5/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: May 17-1954 NAME OF CEMETERY OR CREMATORY: Olivet Cemetery LOCATION (City, town, or county): Calvert Co (State): Md

DATE REC'D BY LOCAL REG. 5-17-54 REGISTRAR'S SIGNATURE: A W Bedard

24. FUNERAL DIRECTOR: Wm Groh Sons ADDRESS: 1217 St Paul St.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04258

4278

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - [redacted]

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) m Lochearn X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3709 Croyden Rd.

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN m Lochearn
STREET ADDRESS (If rural give location) 3709 Croyden Rd.

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) FRANKLIN (Last) BREYER

4. DATE OF DEATH: (Month) May (Day) 2, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Mar. 24, 1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman (Rtd)

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Franklin Breyer

14. MOTHER'S MAIDEN NAME: Annie Mary Lynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mrs. Edward L. Ningard-3709 Croyden Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular Renal disease — 8 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1952, to 5/2, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

SIGNATURE Edwin L. Ringgold M.D. M. D. ADDRESS 8204 Liberty Rd. Balto 7, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/4/54

NAME OF CEMETERY OR CREMATORY Mt. Union Lutheran Cem.

LOCATION (City, town, or county) (State) near Uniontown, Md.

DATE REC'D BY LOCAL REGISTRAR 5-3-54

REGISTRAR'S SIGNATURE [redacted]

24. FUNERAL DIRECTOR Wm. J. Vickner & Sons

ADDRESS Balto 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05227

4279 CERTIFICATE OF DEATH Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Maryland
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 604 N. Gilmor St., Baltimore, Md.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles A. Brown

4. DATE OF DEATH: (Month) (Day) (Year) May 30, 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/3/91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arnold, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Annie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unk

17. INFORMANT & ADDRESS: Clin.,Rec., VetAdm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorhage — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardiovascular Disease — 7 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 5/24/54, 19 , to 5/30 ..., 1954, that I last saw the deceased alive on 19 and that death occurred at 4:55 AM, from the causes and on the date stated above.

SIGNATURE Abraham A. Polachek M. D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 5/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-1-54 — NAME OF CEMETERY OR CREMATORY Baltimore Nat'l Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-2-54 — REGISTRAR'S SIGNATURE A W Hebert

24. FUNERAL DIRECTOR ADDRESS Baltimore, Md. Arlington S. Phillips, 1808 N. Monroe St.

4280

04259

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road Overpass

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) Crowther Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) EDWARD (Last) BUCHANAN

4. DATE OF DEATH (Month) May (Day) 17 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5/19/1926	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Electrician	Penna. R.R. Maint.	North Carolina	USA

13. FATHER'S NAME: Fornie A. Buchanan

14. MOTHER'S MAIDEN NAME: Rhetta Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES	USN	245-22-4914	Family records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dislocation of neck
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Road	Cockeysville	Balto.	Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
May 17, 1954 A.M.		Driving auto, struck pole and thrown from car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Brem M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1954	Jessop's Cemetery	Cockeysville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
21 May 1954	Anna Armistead MacRae	John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04260

4281

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1134 Pennsylvania Avenue

3. NAME OF DECEASED: (Type or Print) (First) OTIS (Middle) W (Last) BUCK

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7/28/92

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jim Buck

14. MOTHER'S MAIDEN NAME: Sallie (MN unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 212-16-2018

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSE (B) DUE TO CARCINOMA OF ESOPHAGUS — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 12, 1954 to May 20, 1954 and that death occurred at 1:10 M, from the causes and on the date stated above.

SIGNATURE F. G. Dickey — ADDRESS VAH Ft. Howard, Md — DATE SIGNED 5-21-54

FRANCIS G. DICKEY, M.D. Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-25-1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5/24/54 — REGISTRAR'S SIGNATURE H. W. Hedgepeth

24. FUNERAL DIRECTOR — ADDRESS Arlington S. Phillips Funeral Home, 1808 N. Monroe St., Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04261

4282 CERTIFICATE OF DEATH Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cockeysville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Raymond (Last) Burke
4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1954
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Nov 5. 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Lab't Maint. Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Balto Co. Highways
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13. FATHER'S NAME: Charles Andrew Burke
14. MOTHER'S MAIDEN NAME: Mary Lengtory md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Mrs. G. R. Burke. Cockeysville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lt. Lung. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Metastases. DUE TO

(c)

Interval Between Onset And Death: 6 mos. 4 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1938, to 5-31-, 1954 that I last saw the deceased alive on 5-31-, 1954 and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE Robert H. Live (Degree or title) ADDRESS 3105 N. Charles St. DATE SIGNED 6-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-3-54. | NAME OF CEMETERY OR CREMATORY St. Johns Lutheran Phoenix | LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 1954 | REGISTRAR'S SIGNATURE Anna Annie Read MacRae

24. FUNERAL DIRECTOR J. Scott Brooks, Sparks, Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4283

2411 N. Charles Street, Baltimore

04262

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Catonsville; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paradise of Altamont Ave
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 2 Bloomingdale Ave

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) V. (Last) Byers
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 4 1882
9. AGE last birthday: 72 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Catonsville Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank E Ruff
14. MOTHER'S MAIDEN NAME: Virginia Gemmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Albert Byers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 4-5 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio-Muscular Renal disease

(c) Decompensation — 6 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.21, 1953 to 5.25, 1954, that I last saw the deceased alive on 5.25, 1954, and that death occurred at 10:20 P m., from the causes and on the date stated above.

SIGNATURE Virgil E Dillon (Degree or title) M.D. ADDRESS 345 Bloomsdale Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: May 28/54
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Cem
LOCATION (City, town, or county) (State): Bel Air Md.

DATE REC'D BY LOCAL REG.: 5-27-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Irving Byers ADDRESS: 5005 Park Hgts Ave Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 4256

05229

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLITH UNFADING INK. Every item of information should be carefully supplied. correct age is especiant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Florence Campbell

2. DATE OF DEATH May-30-1954

3. PLACE OF DEATH: A. Baltimore City, Maryland Halethrope Balto Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Craddock Home

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Halethrope

D. STREET ADDRESS (If rural, give location) 2308 Calvin Heights Ave

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Unde. 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	Cal.	Married	April-1-1884	70				

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore	USA

13. FATHER'S NAME Unkown

14. MOTHER'S MAIDEN NAME Mealey Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
No		Leroy Campbell	Same

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

(B) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES ☐ NO ☐

22. *I hereby certify that I attended the deceased from* 5-27-, 19[illegible] *to* 5-30-, 19[illegible], *that I last saw the deceased alive on* 5-30, 19[illegible], *and that death occurred at* 6:40 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M.D.	703 W. Fayette Street	6-1-54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/3/1954	Mt Calvery Cem.	Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/3/54	[signature]	Elroy S. Wilson	1111 Brantley

Item 8 film G 166 5/24/54 cm

4284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04263

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Franklin E. Leslie

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 1 Year. HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home 301 W. Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore. STREET ADDRESS (If rural, give location) 701 W. Lake Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) Frank W. (Last) Caspari Sr.

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 13, 1884

9. AGE last birthday: 69 years

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sanitary Engineer (Ret)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles E. Caspari

14. MOTHER'S MAIDEN NAME: Leslie V.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Fred W. Caspari 613 Debaugh Ave. Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probable Cerebro vascular accident — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & arteriosclerotic Heart disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 54, to May 13, 19 54, that I last saw the deceased alive on April 15, 19 54, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Franklin E. Leslie

ADDRESS: 2929 N. Charles Street

DATE SIGNED: May 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: May 13, 1954

NAME OF CEMETERY OR CREMATORY: Greenmount Crematory

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 5-13-54

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, 1900 Eutaw Place

ADDRESS

4285 MARYLAND STATE DEPARTMENT OF HEALTH 04264

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
LENGTH OF STAY (In this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6912 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
STREET ADDRESS (If rural, give location): 6912 Beech Ave

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) L (Last) Cline

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 2-1873

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: OWN Home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: — White

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Claude Cline 6912 Beech Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Auricular Fibrillation — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease — 10 yr

(c) Gall Bladder disease — 4 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 19 51, to 5/3, 19 54, that I last saw the deceased alive on May 2, 19 54, and that death occurred at 8 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J C Fahlberg MD 6001 York Road Towson 5/3/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/5/54

NAME OF CEMETERY OR CREMATORY: Mt Hebron Cem

LOCATION (City, town, or county) (State): Winchester Va

DATE REC'D BY LOCAL REG.: May 3-1954

REGISTRAR'S SIGNATURE: Mrs. M. F. Reforsider

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd Balto 6 Md

RECEIVED
MAY 6 1954
BUREAU V. S.

4257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04265

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balt. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Care Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1313 Winchester St.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Coleman

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 1891

9. AGE last birthday: 63 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Coleman

14. MOTHER'S MAIDEN NAME: Hariett Barts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Francis Jones 419 John St. Plainfield, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos. Rodriguez Baltimore, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 7, 1954
NAME OF CEMETERY OR CREMATORY: Mt Auburn
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 5-5-54
REGISTRAR'S SIGNATURE: a w Hunt

24. FUNERAL DIRECTOR: Geo. S. Kelson
ADDRESS: 1303 Pressman St

4286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04266

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY EDGEMERE Balto Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FORREST LODGE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2549 LODGE FORREST DRIVE

3. NAME OF DECEASED (Type or Print): (First) Bridget (Middle) Elizabeth (Last) Collins

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: Dec. 1874

9. AGE last birthday: ABT 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Collins

14. MOTHER'S MAIDEN NAME: BRIDGET Bridget Irwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 212-07-0733

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
592 X Immediate cause	(a) Acute Pulmonary Edema.	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerulo Nephritis	years.
	was not acute. →	3 days.
	(c) Hypertension Cortical	years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Valvular Disease Chronic Cardiac Hypocarditen Chronic	years years.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: no operation.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): non

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): no injury

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 6.55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James Graham Morrison MD ADDRESS 516 Cathedral St Balto Md DATE SIGNED 5-4-1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 5/6/54

NAME OF CEMETERY OR CREMATORY: CATHEDRAL

LOCATION (City, town, or county) (State): OLD FREDICK ROAD

DATE REC'D BY LOCAL REG.: 5-5-54

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John J. Feeney & Sons ADDRESS 1318 Light St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04267

4287

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box. 391 Route 10 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN m
STREET ADDRESS (If rural give location) #1

3. NAME OF DECEASED: (Type or Print) (First) DAISY. (Middle) Virginia (Last) COOK.

4. DATE OF DEATH: (Month) May. (Day) 13 (Year) 1954.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 12, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Baltimore. Md

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Thomas C. Jones

14. MOTHER'S MAIDEN NAME: Annie Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Emmae b. Brack 250 Oakley Village

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocardial failure -	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive Cardio vascular disease	12 yrs.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcino of breast with metastases to spine - 1½ yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1954 to May 13, 1954, that I last saw the deceased alive on May 13, 1954, and that death occurred at 9.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Hollin. M.D. 6908 North Point Rd. Balto 19. 5/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/17/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 5-17-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John A. Moran | ADDRESS 3000 E. Balto. St.

VS. A15

James i film 6166 5/15/54

4288 MARYLAND STATE DEPARTMENT OF HEALTH 04268

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 463

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm. LENGTH OF STAY (in this place) 7 yrs. +
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm R.F.D.
STREET ADDRESS (If rural, give location) Jw Kendrick's farm

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Susan	Elizabeth	Cook.	May	18	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH (Month) (Day) (Year)	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	married	Dec. 25 1881	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife - Day's Work -		Harrisburg. Penna.	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Cromwell.	Mary (?) ! unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mr. Chas Robt Cook. Glen Arm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis.	10 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Blind -	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 18, 1954, to May 18, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 10.50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Herbert H. McClinton M.D.	Kingsville. Maryland	May 18 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/54	Mt. Zion	Long Green Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-54	a. w Hahn	Wm J Chatman Jr.	1701 McCulloh

VS. A15

Burial permission + approval Mr. Robbin Hudson, Asst Coroner — Towson, Md — Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4289 04269

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) Rt. #5, Montavue Home

3. NAME OF DECEASED: (Type or Print) (First) HOMER (Middle) S (Last) CORUN

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 6/20/91

9. AGE last birthday 62 yrs
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10B. KIND OF BUSINESS OR INDUSTRY: Montavue Home

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Corun

14. MOTHER'S MAIDEN NAME: Hattie Corun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO 220-10-5496

17. INFORMANT & ADDRESS: Clin.Rec., Vet. Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) PERITONITIS	ONE WEEK
ANTECEDENT CAUSE (S)	DUE TO INFECTION OF COLOSTOMY WOUND	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) CARCINOMA OF THE RECTUM	UNKNOWN
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 4/27/54

19B. MAJOR FINDINGS OF OPERATION: EXPLORATORY LAPAROTOMY

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1954, to May 12, 1954, ~~that I last saw the deceased~~ ~~on~~ ~~19~~, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/14/54
NAME OF CEMETERY OR CREMATORY: Reform Cemetery
LOCATION (City, town, or county) (State): Jefferson, Frederick Co.Md.

DATE REC'D BY LOCAL REGISTRAR: 5/14/54
REGISTRAR'S SIGNATURE: W. Hedrick Deputy

24. FUNERAL DIRECTOR: M.R. Etchinson & Son
ADDRESS: 706 East Church St. Frederick, Md.

8 m.m.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04270

4290 CERTIFICATE OF DEATH Reg. Dist. No. 4-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore - 19 · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrows Point. | LENGTH OF STAY in this place 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7339 Waldman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN as
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) DODSON (Last) CRAWFORD.

4. DATE OF DEATH: (Month) May. (Day) 14 (Year) 1954.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: JUNE 6, 1870. | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Fireman | 10b. KIND OF BUSINESS OR INDUSTRY Boilers | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? CRAWFORD | 14. MOTHER'S MAIDEN NAME: UNKNOWN.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 218-10-7197 | 17. INFORMANT & ADDRESS: Clarence B. Crawford (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial failure — Sudden.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive Cardio Vascular disease. — 8 years.
DUE TO
(c) arteriosclerosis. — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1954, to 5/14, 1954, that I last saw the deceased alive on 5/6, 1954, and that death occurred at 12:15 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin M.D. 6908 North Point Rd Balto 19. 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 5-17 54. | NAME OF CEMETERY OR CREMATORY OAK LAWN CEM. | LOCATION (City, town, or county) (State) 7225 EASTERN BLVD. MD.

DATE REC'D BY LOCAL REGISTRAR May 15. 1954 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Charles L. Zeiler ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4291

CERTIFICATE OF DEATH

04271

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsonville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 936 Arogonne Drive

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Brocken

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 9/10/1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: George Young

14. MOTHER'S MAIDEN NAME: Emma Vineard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs August L. Bock 936 Drogonne Drive

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — ?
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to May 22, 1954 that I last saw the deceased alive on May 21, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry Glassman M. Dr. ADDRESS 2687 Wickens Ave DATE SIGNED May 23, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/25/54 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) (State) 3801 Frederick Ave.

DATE REC'D BY LOCAL REGISTRAR 5-24-54 REGISTRAR'S SIGNATURE Rev Ledwell

24. FUNERAL DIRECTOR John J. Cowan & Son ADDRESS Hollins St.

4292

04272

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 612 St. Johns Road ✓

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) (Last) Crosbie

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-30-1882

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nursing

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bailey

14. MOTHER'S MAIDEN NAME: Sara Bailey ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolus	less 24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced generalized arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18- ..., 1953..., to 5-12-..., 1954., that I last saw the deceased alive on 5-12-..., 1954., and that death occurred at 5:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Carl Clend M.D. ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED: 5-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 15/54 | NAME OF CEMETERY OR CREMATORY: Meadowridge | LOCATION (City, town, or county) (State): Wash Blvd. Md

DATE REC'D BY LOCAL REG. 5-17-54 | REGISTRAR'S SIGNATURE: W. B. Pedrick | 24. FUNERAL DIRECTOR: Austin E. Donovan | ADDRESS: 3818 Roland Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4293 04273

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Powers Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) English Consul
STREET ADDRESS (If rural give location) 3801 Annapolis

3. NAME OF DECEASED: (First) Laura (Middle) Virginia (Last) Davis
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 26, 1870
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philip Bichell
14. MOTHER'S MAIDEN NAME: Margaret Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) –
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Harold N. Stephens-Powers Ave. English

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease with — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c) Cerebral Thrombosis — 2 mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to May 23, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 9:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Sherrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED 5/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/26/54
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 5-24-54
REGISTRAR'S SIGNATURE A.W. Redrach Deputy
24. FUNERAL DIRECTOR Wm. J. Pickney & Sons
ADDRESS Balto 17, Md.

VS. A15

4294 04274

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3-0

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Since Jan 11th 1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 12
STREET ADDRESS (If rural, give location) 263 Linden Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSHUA (Middle) (Last) DAY

4. DATE OF DEATH: (Month) 5. (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8. 1. 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laundry Business

11. BIRTHPLACE (State or foreign country): US

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joshua Day

14. MOTHER'S MAIDEN NAME: Laura Burges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT AND ADDRESS: Mrs Laura E Allen 263 Linden Ave Towson. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Cardiac failure & hypostatic pneumonia — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — yrs

(c) Generalized arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1954, to May 11 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 12.45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ethel B Herrmann-Greene MD Spring Grove State Hosp Catonsville Md 28 5-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | May 13-54 | London Pk | Baltimore Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
5-12-54 | H W Hedrick | Frank H Deitz

4295

04275

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 69

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 1 hour 25min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1221 Smithson Street ✓

3. NAME OF DECEASED (Type or Print): (First) BRADLEY (Middle) (Last) DELEAVER

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-1-96

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middlesex County, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William DeLeaver

14. MOTHER'S MAIDEN NAME: Rosie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service): WWI-I

16. SOCIAL SECURITY NO.: 217-01-5774

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE FAILURE 443X	UNKNOWN
Antecedent cause(s) DUE TO	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 423X	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	SYPHILITIC HEART DISEASE	UNKNOWN

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 4, 1954, 8:20 P.M., to May 4, 1954, 9:45 P.M., ~~[illegible]~~ and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 5-5-54
IRVING FREEMAN, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE: May 7 1954
NAME OF CEMETERY OR CREMATORY: Shiloh Baptist Cemetery
LOCATION (City, town, or county) (State): Middlesex County, Virginia

DATE REC'D BY LOCAL REG. 5-7-54
REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips, 1808 N.Monroe St. Baltimore 17, Maryland

SHIPPED TO: J.S.Taylor,Saluda, Middlesex Co.Va., Shipping Pt. Richmond,Va.

4296

05240

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hernwood; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In this place) 45 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hernwood; STREET ADDRESS (If rural, give location) Woodstock P.O.

3. NAME OF DECEASED (Type or Print): (First) Corrie (Middle) Lee (Last) Bell

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 54

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-31-1881

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Kelley

14. MOTHER'S MAIDEN NAME: Virginia Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Russell Gore - Woodstock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c) Metastatic Carcinoma of Lung, liver

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 54, to 5/26/, 19 54, that I last saw the deceased alive on 5/25/, 19 54 and that death occurred at 5:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ferrill Martin M.D. Randolph Towson Md 5/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5-29-54

NAME OF CEMETERY OR ~~CREMATORY~~: Wards Chapel

LOCATION (City, town, or county) (State): Liberty Rd, Balto. Md.

DATE REC'D BY LOCAL REG. 5/26/54

REGISTRAR'S SIGNATURE: Ferrill Martin

24. FUNERAL DIRECTOR: Wiley & Haight - Laytonsville, Md. ADDRESS

Eutice H. Haight

MARGIN RESERVED FOR BINDING

U. S. DEPARTMENT OF AGRICULTURE
JUN 9 1951
LIBRARY

MARYLAND 4297

04276

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 446

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 6816 Eastbrook Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) W. (Last) DE VAUGHN

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-10-21

9. AGE last birthday: 32 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spotter

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning plant

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John De Vaughn

14. MOTHER'S MAIDEN NAME: Sarah Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 214-16-5471

17. INFORMANT AND ADDRESS: Clin. Rec. Vet. Adm. Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Feb. 25, 19 54, to May 13, 1954, ~~that I last saw the deceased~~ and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDERHIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 5-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 5-17-54 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-17-54 | REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: Clarence Hoffman Funeral Home ADDRESS 2219 Lake Ave. Baltimore, Maryland

4298 04277

MARYLAND STATE DEPARTMETT OF HEALTH

Item 12 film G 16: 5/24/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 3A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.; STATE MARYLAND; LENGTH OF STAY (in this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Tenya (Middle) Warner (Last) DeWalt

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-20-78

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Valna

14. MOTHER'S MAIDEN NAME: Josephine Klima

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Ruth D. Stirling 2709 Oakleaf Ave. Cincinnati 13, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, general (c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 19 54, to May 12, 19 54, that I last saw the deceased alive on May 12, 19 54, and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Spring Grove State Hospital (William N. Fitzpatrick, M.D.) May 12 1954

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE: 5/15/54 NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 5-14-54 REGISTRAR'S SIGNATURE: Ross Hedrick

24. FUNERAL DIRECTOR: Wm. Cooke Inc., ADDRESS: 1217 St. Paul Street

Dup

MARGIN RESERVED FOR BINDING

MARYLAND 4299

04278

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINDING INK. Every item of information should be carefully supplied. correct age is especially ians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

GIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Ida E Dieter

2. DATE OF DEATH: May 1-1954

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6008 Hamilton Ave

c. Length of stay in Baltimore: 32- Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission)
A. STATE: Md
B. COUNTY: Baltimore Co -
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township.): Raspeburg
D. STREET ADDRESS (If rural, give location): 6008 Hamilton Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Female	White	married	Nov 24-1886	67				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frederick Schuchlein

14. MOTHER'S MAIDEN NAME: Mary E Eck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Frank Dieter ADDRESS 6008 Hamilton Ave

CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-Vascular Disease With Hypertension — 10 yrs

DUE TO

(C)

OF INJURY m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1, 1954, to May 1, 1954 that I last saw the deceased alive on May 1, 1954 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE M. D.: W M Baumgardner

23B. ADDRESS: Balto 6 Md

23C. DATE SIGNED: 5/3/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/4/54	Balto Cem	Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: May 4-1954

REGISTRAR'S SIGNATURE: Mrs. M. D. Reisinger

25. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS 7401 Belair Rd

VS 150

RECEIVED
MAY 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04279

4300

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Upperco (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND LENGTH OF STAY (In this place) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAFAYETTE (Middle) (Last) DILLOW

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 15-1884

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Dillow

14. MOTHER'S MAIDEN NAME: Frances A Leady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Ella N. Dillow, Upperco Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4221 (a) Acute Ventricular Fibrillation — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterio-sclerotic C-V Disease — 5 years

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1953, to May 21, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.C Waterfield M.D Hampstead, Md 5/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 24/54 NAME OF CEMETERY OR CREMATORY Grace LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-23-54 REGISTRAR'S SIGNATURE Mary B. Kline

24. FUNERAL DIRECTOR Edw Clifton ADDRESS Hampstead Md

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

04280

MARYLAND

STATE DEPARTMETT OF HEALTH

: 4301

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

THE BLANK SPACES APPEARING ON THIS CERTIFICATE (UNKNOWN) ARE DUE TO THE RESULT OF INFORMATION FURNISHED BY SPRING GROVE

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 7402 Waymouth Way

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Dingman

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-15-1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial Infarction

(c) Arteriosclerotic coronary obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23- ..., 19 54 to 5-4- ..., 19 54, that I last saw the deceased alive on 5-3-, 19 54, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: Spring Grove State Hospital, Catonsville 28, Maryland

DATE SIGNED: 5-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 5-7-54 | NAME OF CEMETERY OR CREMATORY: ST. MARYS | LOCATION (City, town, or county) (State): LAWRENCEVILLE, PENN'A

DATE REC'D BY LOCAL REG.: 5/7/54 | REGISTRAR'S SIGNATURE: T.E. Barry

24. FUNERAL DIRECTOR: Walter Burford Bendler, Hyattsville, Md. | ADDRESS

RECEIVED
MAY 10 1954
BUREAU V. S.

4258

Item 8 film G166 6/3/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

04281

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5509 Rockleigh Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): 5509 Rockleigh Dr.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) J (Last) Ditzel

4. DATE OF DEATH: (Month) 5-20-54 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 6, 1890

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinest

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Ditzel

14. MOTHER'S MAIDEN NAME: Katie Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Helen P. Ditzel, 5509 Rockleigh Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Metastases of Multiple	4 Months.
	DUE TO (c)	Myeloma	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 54, to May 20, 19 54, that I last saw the deceased alive on May 19, 19 54, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE: Egbert H. Mortimer Jr. M.D. (DEGREE OR TITLE) ADDRESS: 2706 St Paul St Balto 18 Md DATE SIGNED: 5/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-24-54

NAME OF CEMETERY OR CREMATORY: Louden Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: May 24 54

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave

RECEIVED
MAY
BUREAU V. S.

Item 21 Film C166 5/21/54 ams

04282

MARYLAND

STATE DEPARTMETT OF HEALTH

4302

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 | LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural, give location) 1922 Wilkens Ave

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Ella (Harlow) (Last) Doyle

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1907

9. AGE last birthday: 46 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Harlow

14. MOTHER'S MAIDEN NAME: Lenora Gay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
889.0 Immediate cause	(a) Uremia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Nephrosis and Fatty Liver	
	(c) Rubbing Alcohol Intoxication	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☒ (Specify) / SUICIDE / HOMICIDE | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home | (CITY OR TOWN): 1922 Wilkens Ave. | (COUNTY): Balto. 23 | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): unknown m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Chronic alcoholic, drank rubbing alcohol.

22. I hereby certify that I attended the deceased from April 21, 1954, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Louis Frances Woodward M.D. | Spring Grove State Hosp. Catonsville 28 Md. | 5-4-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: MAY 8, 1954 | NAME OF CEMETERY OR CREMATORY: Riverview Cem. | LOCATION (City, town, or county) (State): Charlottesville Va

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Doff & B.M. Walters Prattt & Stricklers

MARGIN RESERVED FOR BINDING

Film G167 item # 9
6/17/54 emf

4303

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04283

Item 12 film G166 6/3/54 cm

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tufton Ave. & Dover Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) Tufton Ave. & Dover Rd.

3. NAME OF DECEASED (Type or Print): (First) Larcel (Middle) Pierre (Last) Durney
4. DATE OF DEATH: (Month) (Day) (Year) May 22, 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1902
9. AGE last birthday: 51 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance agent for
10b. KIND OF BUSINESS OR INDUSTRY: United Ins. Co.
11. BIRTHPLACE (State or foreign country): Paris, France
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war, or dates of service): W.W.2
16. SOCIAL SECURITY NO.: 076-03-9264
17. INFORMANT AND ADDRESS: John L. Hutt, 1831 W. Pratt St. Balto. 23

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by hanging — 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS (PRIMARY) X (OR CONTRIBUTING) CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home | (CITY OR TOWN) Dover Rd., (COUNTY) Glyndon, Md. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-22-54 10? A m. | INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR: Deceased hung himself from doorframe in bedroom with elect. extension cord.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.

SIGNATURE: D.D. Caples | (Degree or title): Deputy Med. Exam. M.D. | ADDRESS: Reisterstown, Md. | DATE SIGNED: 5-25-54

DISPOSITION (Burial, Cremation, Removal, Donation, Other): Burial | DATE THEREOF: May 24, 1954 | NAME OF CEMETERY OR CREMATORY: Jessops Cemetery | LOCATION (City, town, or county) (State): Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR: 5-23-54 | REGISTRAR'S SIGNATURE: Mary B. Eline. | 24. FUNERAL DIRECTOR AND ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
JUN 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05245

: 4304

CERTIFICATE OF DEATH

Reg. Dist. No. 4d

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 14 hrs.25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) ECKSTORM

4. DATE OF DEATH. (Month) May (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-01-94

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Toll Sgt.

10B KIND OF BUSINESS OR INDUSTRY: Bay Bridge

11. BIRTHPLACE (State or foreign country): Stevensville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Eckstorm

14. MOTHER'S MAIDEN NAME: Mary Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-09-3953

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO RHEUMATIC HEART DISEASE — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

10:30 A.M. 1:00 A.M.

22. I hereby certify that I attended the deceased from May 28, 1954, to May 29, 1954, ~~[illegible]~~ alive on ~~[illegible]~~, 19~~[illegible]~~, and that death occurred at 1:00 A.M. from the causes and on the date stated above.

SIGNATURE: LOREN E. SENN, M.D. Loren E. Senn M.D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 5-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 5-31-54 — NAME OF CEMETERY OR CREMATORY: Stevensville Cemetery — LOCATION (City, town, or county) (State): Stevensville, Maryland

DATE REC'D BY LOCAL REGISTRAR: MAY 30 1954 — REGISTRAR'S SIGNATURE: Hampton Williams, M.D. — FUNERAL DIRECTOR: William Cook Inc. — ADDRESS: 1217 St. Paul St. Baltimore, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 4 1954
BUREAU V. S.

MARYLAND

04284

STATE DEPARTMETT OF HEALTH

4305

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2818 N. Monroe Street, Baltimore
STREET ADDRESS (If rural, give location) 2818 N. Monroe Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) J. (Last) EDMONDS

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-2-95

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping clerk

10b. KIND OF BUSINESS OR INDUSTRY: Roofing Co.

11. BIRTHPLACE (State or foreign country): Lancaster, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Esop Edmonds

14. MOTHER'S MAIDEN NAME: Ida Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 216-09-7727

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) UREMIA — Interval Between Onset and Death: 5 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from Apr. 19.., 1954, to May 6, 1954, ~~that I saw the deceased~~ ~~on~~, and that death occurred at 1:20 A. m., from the causes and on the date stated above.

SIGNATURE F. G. Dickey (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, Chief, Medical Service VAH, FORT HOWARD, MARYLAND 5-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 10, 1954 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-7-54 | REGISTRAR'S SIGNATURE: A W Hebert

24. FUNERAL DIRECTOR: Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md. ADDRESS

MARYLAND

04285

STATE DEPARTMETT OF HEALTI

4306

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RANDALLSTOWN — LENGTH OF STAY (In this place): 1 MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OFFUTT ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AVALON
STREET ADDRESS (Or rural, give location): GUN ROAD

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) WILLIAM (Last) EICHHORN

4. DATE OF DEATH: (Month) MAY (Day) 14 (Year) 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Aug 20-1877

9. AGE last birthday: 76 yrs. If under 1 year: Months. If under 24 hr: Days, Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): BALTIMORE CITY

12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: OTTO ROBERT EICHHORN

14. MOTHER'S MAIDEN NAME: MARIE WOLF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS THOMAS, OFFUTT RD

18. MEDICAL CERTIFICATION — RANDALLSTOWN, MD

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF STOMACH - E

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METHOTASIS TO LUNGS — 2 YEARS
(c) HYPERTENSIVE C.V. DISEASE E

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS 10 YEARS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 14, 1954, to MAY 14, 1954, that I last saw the deceased alive on MAY 14, 1954, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos E. Keller MD ADDRESS: Randallstown Md. DATE SIGNED: 5-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: May, 17th 1954

NAME OF CEMETERY OR CREMATORY: LORRIANE PARK CEMETERY

LOCATION (City, town, or county) (State): WOODLAWN? BALTO. CO. MD.

DATE REC'D BY LOCAL REG.: 5-14-54

REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: Willis Lamotray ADDRESS: 4510, Liberty Heights Ave

Item 18 Film G169 8-27-54 ams

04286

STATE DEPARTMETT OF HEALTH

MARYLAND 4307

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 13I
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3V01-4
STREET ADDRESS (If rural, give location): 2617 Fleet Street

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) G. (Last) ERHARDT

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/18/93

9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ordnance Depot

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lawrence Erhardt

14. MOTHER'S MAIDEN NAME: Jennie Doelfer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: 220-12-6568

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMATOSIS, GENERALIZED — UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of pancreas

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 22, 1953, to May 2, 1954, that [redacted], and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: JAMES J. NOLAN, M.D. (Degree or title) James J Nolan — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-6-1954 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-5-54 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Lilly & Zeiler Inc.Funeral Home, Eastern Avenue and Wolfe, Baltimore, Md.

Items 8,9: film G166 6-7-54 JL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4308 **CERTIFICATE OF DEATH**

04287

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Greenridge Court

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson 4

STREET ADDRESS (If rural give location): 100 Greenridge Court

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) JOSEPH (Last) FAUST

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Oct. 1, 1902	51 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tool Maker	Aircraft Plant	Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norman Faust	Catherine Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No — None	208-07-9090	Mrs. H. J. Faust, 100 Greenridge Ct., Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Acute Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 19 50, to May 28, 19 54, that I last saw the deceased alive on May 1, 19 54 and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hans G. Faust Jr. M.D. — ADDRESS 6201 York Rd — DATE SIGNED 5/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 31, 1954 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery — LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR May 31, 1954 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04288

4309 **CERTIFICATE OF DEATH** Reg. Dist. No. (, ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard,
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1715 N. Montford Avenue

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) J. (Last) FEINOUR

4. DATE OF DEATH: (Month) MAY (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 11-27-90

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10B. KIND OF BUSINESS OR INDUSTRY: Publishing Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Feinour

14. MOTHER'S MAIDEN NAME: Mary Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-07-8739

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DECOMPENSATED — INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS

ANTECEDENT CAUSE (B) DUE TO PULMONARY EMPHYSEMA — 4 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO CARCINOMA OF THE RIGHT LUNG — 6 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30 1954, to May 1, 1954, and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE WINSTON C. DUDLEY, M.D. ADDRESS M. D. VAH FT. HOWARD, MARYLAND DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John C. Miller Inc. ADDRESS 2433 Oliver St. Balto. Md

4310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04289

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place): Invalid
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2716 Old North Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 22.
STREET ADDRESS (If rural, give location): 2716 OLD NORTH PT. RD

3. NAME OF DECEASED (Type or Print): (First) THEODOSIA (Middle) FITZWATER (Last) FERGUSON

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1954

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: AUG. 10, 1885

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN FITZWATER

14. MOTHER'S MAIDEN NAME: SELINA PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ELMER W. FERGUSON — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombo-phlebitis of right leg	2 weeks
	(c) Chronic cardiac failure	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic cardio-vascular disease — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to May 14, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title) M.D ADDRESS: Sparrows Point, Md DATE SIGNED: 5-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 5-18-1954
NAME OF CEMETERY OR CREMATORY: BAPTIST CHURCH CEM.
LOCATION (City, town, or county) (State): ELKINS, W. VA.

DATE RECD BY LOCAL REGISTRAR: May 14-54
REGISTRAR'S SIGNATURE: Dawson L. Harker

24. FUNERAL DIRECTOR: Wells Burial Society, Brandy, Dundalk, Md.
ADDRESS: —

RECEIVED
MAY 18 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04290

4311

CERTIFICATE OF DEATH

Reg. Dist. No. XX

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 6 hrs.30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1109 W. Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) NELSON (Middle) M (Last) [redacted]

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-18-98

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10B. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Catonsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Ferrell

14. MOTHER'S MAIDEN NAME: Charlottie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 215-07-4368

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: TERMINAL

ANTECEDENT CAUSE (B) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

VA

4:30 P.M. 11:00 P.M.

22. I hereby certify that I attended the deceased from May 24, 1954, to May 24, 19.54, [redacted], and that death occurred at 11:00 M, from the causes and on the date stated above.

SIGNATURE F Dickey ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 5-25-54

FRANCIS G. DICKEY, Chief, Medical Service M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE OF BURIAL 5-30-54 — NAME OF CEMETERY OR CREMATORY Western Star Cemetery — LOCATION (City, town, or county) (State) Catonsville, Maryland

DATE REC'D BY LOCAL REGISTRAR 5-25-54 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Charles H. Jaw — ADDRESS Mortuary, 802 Madison Ave. Baltimore, Md.

4312

04291

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 56 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 857 Harlem Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H (Last) FIELDS

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/22/96

9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick layers helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlestown, W. Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles A Fields

14. MOTHER'S MAIDEN NAME: Louise Davenshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218 01 7240

17. INFORMANT AND ADDRESS: Clin Rec.Vet.Adm.Hosp.Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): CARCINOMA OF THE RECTUM — 18 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: BILATERAL HYDRONEPHROSIS — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Mar. 23, 1954, to May 18, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 6:54 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 5-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-28-1954 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 5-20-54 — REGISTRAR'S SIGNATURE: a. W [illegible]

24. FUNERAL DIRECTOR AND ADDRESS: Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9313 04292

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Maynadier.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 15 Maynadier

3. NAME OF DECEASED: (First) Edward (Middle) J (Last) Fisher
(Type or Print)

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: 10 29 1880 — 9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter — 10b. KIND OF BUSINESS OR INDUSTRY: Domestic — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible] Fisher — 14. MOTHER'S MAIDEN NAME: Anna [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Mrs. Lowry [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular disease — Interval Between Onset And Death: 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Subacute Glomerulonephritis — 3 mon.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1941, to May 20 1954, that I last saw the deceased alive on 5-17, 1954 and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A.M. Fleming M.D. — ADDRESS 203 Ingleside Ave Balto 28 — DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-22-54 — NAME OF CEMETERY OR CREMATORY Maimemenity — LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REGISTRAR 5/24/54 — REGISTRAR'S SIGNATURE T E Harris

24. FUNERAL DIRECTOR MacHatt & Son — ADDRESS

VS. A15

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~9314~~ 04293

CERTIFICATE OF DEATH

Reg. Dist. No. 58

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNESLIE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 735 ANN

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNESLIE
STREET ADDRESS (If rural give location) 735 ANNESLIE Rd

3. NAME OF DECEASED: (First) ROBERT (Middle) HENRI (Last) FISHER
4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1954

5. SEX: M
6. COLOR OR RACE: WH
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Oct. 3-1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: MILL SUPPLIES
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~George~~ ~~Fisher~~ WASHINGTON FISHER
14. MOTHER'S MAIDEN NAME: ANNA MARY PETERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES
(If Yes, give war or dates of service) 1918 WWI
16. SOCIAL SECURITY No.: 216-05-9852
17. INFORMANT & ADDRESS: JAMES T. FISHER - SON 1764 JOAN AVE. TOWSON - 4

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause	(a) DUE TO	Coronary Thrombosis	½ hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Coronary Arteriosclerosis & Insufficiency	8 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ., 19 54, to May , 19 53, that I last saw the deceased alive on May 12, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas J. Brennan M.D.
ADDRESS 5217 Harford Rd Balto MD
DATE SIGNED 5-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 22 1954
NAME OF CEMETERY OR CREMATORY Mount Irene
LOCATION (City, town, or county) Towson Md (State)
DATE REC'D BY LOCAL REGISTRAR 5-21-54
REGISTRAR'S SIGNATURE A. V. Heaney ST
24. FUNERAL DIRECTOR H.W. Jenkins Sons Co
ADDRESS 4905 York Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04295

4252 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
MARYLAND LENGTH OF STAY (in this place) 21 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6819 Holabird Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY L. H
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
STREET ADDRESS (If rural give location) 6819 Holabird Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) LUKE (Last) FLENNER

4. DATE OF DEATH: (Month) (Day) (Year) May 10, 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 9, 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sheet Metal worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Flenner

14. MOTHER'S MAIDEN NAME: Susan Geyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mrs. Lillian Flenner 6819 Holabird Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/54, 19 , to 5/10/54, 19 , that I last saw the deceased alive on 5/10/54, 19 , and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 13, 1954

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Colgate, Md.

DATE REC'D BY LOCAL REGISTRAR 5/14/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ullrich Funeral Home

ADDRESS 4210 Belair Road

VS. A15

04296

MARYLAND 9316 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY—INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING correct age is especially inhysicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): ESTHER VIRGINIA FLEURY
2. DATE OF DEATH: 26 May 1954
3. PLACE OF DEATH: A. Baltimore City, Maryland Upper Falls, Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. County
c. Length of stay in Baltimore County: Yrs. Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY Balto.
c CITY OR TOWN (If outside corporate limits, write RURAL and give township): Upper Falls
D. STREET ADDRESS (If rural, give location): -
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1887
9. AGE (In years last birthday): 66 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles S. McAlister
14. MOTHER'S MAIDEN NAME: Virginia Eatle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: Mr. Paul Aime Fleury - Kingsville, Md.

CERTIFICATION

18. 172X 1 CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Uterus — April 1952

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Metastases

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1953 *to* 26 May, 1954, *that I last saw the deceased alive on* May 26 1954, *and that death occurred at* 11:05 m., *from the causes and on the date stated above.*

23A. SIGNATURE M.D. J. Edwin Mueller
23B. ADDRESS 2 N Read St
23C. DATE SIGNED May 26 54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 5/29/54
24C. NAME OF CEMETERY OR CREMATORY: St. Stephens Cem.
24D. LOCATION (City, town, or county) (State): Bradshaw, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5-31-54
REGISTRAR'S SIGNATURE: Ethel Redrick
25. FUNERAL DIRECTOR ADDRESS: Wm. J. Dickner & Sons

MARYLAND STATE DEPARTMENT OF HEALTH

04297

4317

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton — LENGTH OF STAY (in this place) life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Mosemore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural) — STREET ADDRESS (If rural, give location) Mosemore Rd

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Estelle (Last) Foster

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 15, 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Albert H. Stiffler

14. MOTHER'S MAIDEN NAME: Elizabeth A. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: J. C. Foster, Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: G. M. Frame (Degree or title) M.D. ADDRESS: Parkton Md. DATE SIGNED: 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-27-54 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county) (State): Parkton, Md.

DATE REC'D BY LOCAL REG. May 26, 1954 — REGISTRAR'S SIGNATURE: Cisenatelus Madeline

24. FUNERAL DIRECTOR: J. Scott Brooks — ADDRESS: Sparks, Md.

JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04298

9318

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Reisterstown (Rural) — LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown - Rural -
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY - (Middle) R - (Last) FOWBLE

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 54

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Feb 1 - 1883 | 9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis M Fowble

14. MOTHER'S MAIDEN NAME: Susie Franck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: No Mrs Harry R Fowble - Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolus — Interval Between Onset And Death: 10 Min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V. Disease with Auricular Fibrillation. — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1949, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 6:00 P.M; from the causes and on the date stated above.

SIGNATURE (Degree or title) Morton E. Strobel M.D. — ADDRESS Reisterstown Md. — DATE SIGNED 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 2/5-4 | NAME OF CEMETERY OR CREMATORY Mt Zion | LOCATION (City, town, or county) Balto Co | (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-31-54 | REGISTRAR'S SIGNATURE Mary B. Elmer | 24. FUNERAL DIRECTOR Edw C Tipton | ADDRESS Hampstead Md

VS. A15

RECEIVED
JUN 2 1934
BUREAU V. S.

4319 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04295

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RIDGEWAY MANOR FOR AGED AND CONVALESCENTS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LARCHMONT
STREET ADDRESS (If rural, give location): # 2501 POPLAR DRIVE

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) G. (Last) FOWLER

4. DATE OF DEATH (Month) (Day) (Year): MAY, 19th 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Sept. 22nd 1883

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: CHARLES GRIMES

14. MOTHER'S MAIDEN NAME: ROVENA R. OLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: ALLEN G. FOWLER 2501 Poplar Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Conformation of Age — Interval Between Onset and Death: 3 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Generalized Arteriosclerosis

(c): Hypertensive Cardio Vasc a disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to May 17, 1954, that I last saw the deceased alive on May 17, 1954 and that death occurred at 2.40 A.m., from the causes and on the date stated above.

SIGNATURE: Log H Abbott (Degree or title): MD ADDRESS: 4509 LIBERTY HEIGHTS AVENUE DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: MAY 21st 1954
NAME OF CEMETERY OR CREMATORY: LORRAINE PARK CEMETERY
LOCATION (City, town, or county): WOODLAWN, BALTO. CO. (State): MD.

DATE REC'D BY LOCAL REG.: 5-20-54
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: E. W. Lamoreau ADDRESS: 4510 Liberty Heights Ave.

MARYLAND 4315

04300

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Rose; LENGTH OF STAY (In this place) 7 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Hampstead 36X-2; STREET ADDRESS (If rural, give location) Hyksville P.O.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) E. (Last) FOX

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-9-1878

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Seamless Home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Emery

14. MOTHER'S MAIDEN NAME: Susan Pittin Bangs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no —

16. SOCIAL SECURITY No. 299-09-0867

17. INFORMANT AND ADDRESS: Mr. H. L. Fox - Hyksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (b) Cirrhosis of Liver, post-hepatitic — Interval Between Onset and Death: 22 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Gastro-intestinal hemorrhage (esophageal varicis) — 2 weeks

(c) Arteriosclerosis, generalized — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1951, to May 22, 1954, that I last saw the deceased alive on May 22, 1954, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry F. Klemfuss Jr. M.D. ADDRESS 1101 N. Calvert St., Balto. DATE SIGNED May 23, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5-25-54

NAME OF CEMETERY OR CREMATORY Mt Pleasant

LOCATION (City, town, or county) (State) Hampstead, Carroll, Md.

DATE REC'D BY LOCAL REG. 5/25/54

REGISTRAR'S SIGNATURE Mrs. E. Martin

24. FUNERAL DIRECTOR Ward Haight - Hyksville, Md.

ADDRESS Ward S. H. Haight

MARGIN RESERVED FOR BINDING

A15

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04301

4320 CERTIFICATE OF DEATH Reg. Dist. No. 690

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Maryland
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2524 N. Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) C (Last) FRY

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-31-88

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Pipe Fitter

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward Fry

14. MOTHER'S MAIDEN NAME: Frances Joines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 165-03-2242

17. INFORMANT & ADDRESS: Clin.Rec.Vet. Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Rupture of Esophageal varix — INTERVAL BETWEEN ONSET AND DEATH: less than 24 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cirrhosis of liver — unk

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 5/28 ., 1954, to 5/29 ., 1954, that I last saw the deceased alive on ....., 19 ...., and that death occurred at 11:55 PM from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDERKLIFT, M.D. ADDRESS M. D. VAH, Fort Howard, Md. DATE SIGNED 5/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/2/54 | NAME OF CEMETERY OR CREMATORY Balto. N at'l Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-1-54 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS William Tickner & Sons North & Pennsylvania Aves., Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

04302

4321

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: — COUNTY: Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — Md.
STREET ADDRESS (If rural, give location): 501 W. Joppa Rd. — Towson

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Matilda (Last) Fuller
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Sept. 1, 1872
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore "d.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Nickle
14. MOTHER'S MAIDEN NAME: Susannah Flemming
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: Miss Katie Fuller, 501 Joppa Road,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Heart disease, vascular; coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Irvin C. Hudson M.D., D.M.E. Towson Md 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 11/54 | NAME OF CEMETERY OR CREMATORY: Hiss Meth. Cem. | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 5/11/54 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS: 2024 Orleans St 31

dmsc.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05264

4322 CERTIFICATE OF DEATH Reg. Dist. No. 49

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Md.
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2107 E. Lombard Street

3. NAME OF DECEASED: (Type or Print) (First) STANLEY (Middle) W. (Last) GRABOSKI
4. DATE OF DEATH: (Month) 5/30/54 (Day) (Year) 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 11-13-16
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Excelsior, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chester Graboski
14. MOTHER'S MAIDEN NAME: Felicia Penkiski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 207-03-9766
17. INFORMANT & ADDRESS: Clin.Rec.,Vet Adm.Hosp, Fort Howard Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Rupture of Esophageal varix — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cirrhosis of liver — Unknown

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Jaundice

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 25, 1954, to May 30, 19 54 that ~~she~~ saw ~~her~~ alive on May 30, 1954, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift — ADDRESS M.D. VAH, Fort Howard, Md. — DATE SIGNED 5/30/54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-3-54
NAME OF CEMETERY OR CREMATORY BALTO. NAT'L ~~Holy~~ Rosary Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-1-54
REGISTRAR'S SIGNATURE A.W. Hedges
24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home 6009 Harford Road, Baltimore, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4303

4259

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1710 Arbutus Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1710 Arbutus Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) ELIZABETH (Last) GODWIN

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 12, 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Malone

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Roy Taylor, Deltaville, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) cardio vascular disease (Ac.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 19 54, to 5/11, 19 54, that I last saw the deceased alive on 5/6, 19 54, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Benjamin Wells MD 3020 Wilkens Ave. 5/12/54

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 5/14/54

NAME OF CEMETERY OR CREMATORY Western Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 5-13-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc., 1217 St. Paul Street

Film G166 Item # 9 5/17/84 emf 4323

04304
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River (Balto 20) | LENGTH OF STAY (in this place) 26
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 266 R.F.D. 15 Bowley's Quarters - Seneca Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) Derringer (Last) Gray
4. DATE OF DEATH (Month) May (Day) 1 (Year) 19 1954.
5. SEX: Fem. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow. 8. DATE OF BIRTH: Oct 12, 1883
9. AGE last birthday: 70 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: At Home.
11. BIRTHPLACE (State or foreign country): Baltimore City 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Henry Derringer.
14. MOTHER'S MAIDEN NAME: Adalina Peregoy.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wallace Edgar Gray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Coronary occlusion.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-1-1954 1 P.M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. McLarmore M. D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF May 4 1954 | NAME OF CEMETERY OR CREMATORY Trinity Cemetery | LOCATION (City, town, or county) St. Mary's City (State) Md.

DATE REC'D BY LOCAL REG. 5-3-54 | REGISTRAR'S SIGNATURE A W Hewick | 24. FUNERAL DIRECTOR Jos. F. Connelly & Sons | ADDRESS Easton Md.

JST

VS. A15A - 5 - 53

04305

MARYLAND

4324

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 440

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1068 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) HAMMOND

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-4-22

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John L. Hammond

14. MOTHER'S MAIDEN NAME: Mary E. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: 213-12-3471

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 1. CHRONIC ALCOHOLISM	UNKNOWN
Antecedent cause(s)	2. FATTY LIVER; JAUNDICE	UNKNOWN
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 3. SUBACUTE PANCREATITIS	11 Days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1954, to May 12, 1954, ~~last saw the deceased~~ VA and that death occurred at 8:35 A. m., from the causes and on the date stated above.

SIGNATURE: William E. VanDegrift, M.D. (Degree or title)

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 5-13-54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: 5/17/1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 5-14-54

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Katie R. Williams Funeral Home

ADDRESS: ~~322 N. Schroeder Street~~, Baltimore, Md.

Mrs Katie R. Williams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04306

4325 CERTIFICATE OF DEATH Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville, (Rural) LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville, (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DELLA (Middle) V (Last) HARE

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov 2 1873

9. AGE last birthday: 80 yrs. If UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Fair

14. MOTHER'S MAIDEN NAME: Dorcas Whiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Sidney Boring, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Cerebral Thrombosis — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Arterio-sclerosis — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1954, to May 11, 1954, that I last saw the deceased alive on May 11, 1954, and that death occurred at 1:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. C. Barlifue M.D. Hampstead 5-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 13/54 NAME OF CEMETERY OR CREMATORY Beckleysville LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-12-54 REGISTRAR'S SIGNATURE Mary B. Cline 24a. FUNERAL DIRECTOR Edward A Lipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 17 19[illegible]
BUREAU V. S.

Item 14 film G 107
5/25/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD Lutherville
LENGTH OF STAY (in this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jennifer Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R F D. Lutherville
STREET ADDRESS (If rural, give location): Jennifer Road

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Colgate (Last) Haviland

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 18 April 1892

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cockeysville Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles G. Parks

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Husband - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular accident	12 hours
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral v generalized arteriosclerosis	10 yrs
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 May, 1954, to 14 May, 1954, that I last saw the deceased alive on 14 May, 1954, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Lees (DEGREE OR TITLE) M.D. ADDRESS: Cockeysville Md DATE SIGNED: 14 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: MAY 17, 1954
NAME OF CEMETERY OR CREMATORY: MAY'S CHAPEL CEMETERY
LOCATION (City, town, or county) (State): TIMONIUM, MD.

DATE REC'D BY LOCAL REG. 18 May 1954
REGISTRAR'S SIGNATURE: Anna Armistead MacRae

24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, Towson, MD.

RECEIVED
MAY 20 1954
BUREAU V. S.

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MARYLAND 4327

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 3 Days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; STREET ADDRESS (If rural, give location) Box 143-605 Crane Highway ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) HEALY

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/16/77

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Clay Center, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alonzo Healy

14. MOTHER'S MAIDEN NAME: Harriett MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600,0 Immediate cause (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) PYELONEPHROSIS, BILATERAL — UNKNOWN

(c) BENIGN PROSTATIC HYPERTROPHY — UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PNEUMONITIS, BILATERAL — UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, , 19 54, to May 4, , 19 54., [redacted] and that death occurred at 6:40 P.m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: Irving Freeman, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 5-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 8, 1954

NAME OF CEMETERY OR CREMATORY: Glenhaven Cemetery

LOCATION (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.: May 7, 1954

REGISTRAR'S SIGNATURE: L. J. D'Alba.

24. FUNERAL DIRECTOR: Singleton Funeral Home, Glen Burnie, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04309

4328 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1800 Leland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 1800 Leland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Helldorfer

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 23, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: —— Prell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Frederick R. Vinup, 1800 Leland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion DUE TO — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic Cardio-Vascular disease DUE TO — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to May 28, 1954, that I last saw the deceased alive on May 27, 1954, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) G. M. Baumgardner MD ADDRESS Balto 6 Md DATE SIGNED 5/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 5/31/54 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR May 29 1954 REGISTRAR'S SIGNATURE RW

24. FUNERAL DIRECTOR Lauraleu Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04310

MARYLAND 4329

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 CEDARWOOD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 20 CEDARWOOD RD.

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) F. (Last) HOBLER

4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 54

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH DEC. 28, 1921

9. AGE last birthday 32 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANITATION ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY STATE HEALTH DEPT.

11. BIRTHPLACE (State or foreign country) MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN G. HOBLER

14. MOTHER'S MAIDEN NAME LORETTA BRUSHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John B Hobler. 20 Cedarwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 175X General Carcinomatosis — Interval between onset and death: 4 Mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Testicle — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 19 54 to May 25, 19 54, that I last saw the deceased alive on May 25, 19 54, and that death occurred at 1038 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James R Letzenberg ADDRESS 4103 Rockerdale Ave DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5-26-54 — NAME OF CEMETERY OR CREMATORY Balto National Cem. — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 5-26-54 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR George A. Farley — ADDRESS Catonsville Md.

RECEIVED
MAY

04311

MARYLAND 4330

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) LYDIA (Middle) GERTRUDE (Last) Holtz
4. DATE OF DEATH: (Month) June (Day) 14 (Year) 195[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4/5/1870
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hr: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH: 1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 195[illegible], to June 14, 1954, that I last saw the deceased alive on June 14, 1954 and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE May 17-1954 | NAME OF CEMETERY OR CREMATORY Stone Chapel Cemetery | LOCATION (City, town, or county) Reisterstown (State) Md.

DATE REC'D BY LOCAL REG. 5-17-54 | REGISTRAR'S SIGNATURE A. W. Packard

24. FUNERAL DIRECTOR Wm Cook & Son | ADDRESS 1217 St Paul St

4260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04312

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE — LENGTH OF STAY (in this place): 38 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4602 WASHINGTON BLVD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural, give location): 4602 WASHINGTON BLVD.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) L. (Last) HUCKE SR.

4. DATE OF DEATH: (Month) MAY (Day) 14 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 24, 1878

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHRISTOPHER HUCKE

14. MOTHER'S MAIDEN NAME: MARY BLESSING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: WILLIAM L. HUCKE JR. 4602 WASHINGTON BLVD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dehydration — Interval between onset and death: 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterio sclerosis with — 2 yrs

(c) senile mental degeneration —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.30., to May 14, 19.54., that I last saw the deceased alive on May 10, 19.54, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Federick J. Baetzer — 1014 Frances Ave — Balto 29 — Md

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: MAY 17 54

NAME OF CEMETERY OR CREMATORY: LOUDON PARK

LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REG. 5-17-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Henry A. Wichterich

ADDRESS: 1101 EDMONDSON AVE

Item 2 film G16
5/28/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04313

4331

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: [illegible] Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beaver Creek, rural R 1 X-2

STREET ADDRESS (If rural, give location): [illegible] Hagerstown R1 Maryland.

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Harold	E.	Irving		5	19	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	single	3/19/20	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Washington Co., Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry J. Herbert Irving	Annie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
753.1 Immediate cause	(a) Cardiac failure; edema of the lungs	1½ hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pressure on heart and lungs due to mega colon (Hirschsprung's disease - 10 years).	10 yr
DUE TO		
	(c) Microcephaly with diplegia and symptomatic epilepsy.	Birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18/54 19..... to 5/19/54, 19....., that I last saw the deceased alive on 5/19/54, 19....., and that death occurred at 12:25 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Harry B. Buffington MD		Owings Mills, Md	19 May '54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 22 1954	Beaver Creek	Washington Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-20-54	Mary B. Elvie.	Wm J. Boast & Sons	Boonsboro, Md.

MAY
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04314

4332

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
MARYLAND
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 329 Woodward Dr.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) — (Last) Jankowiak
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: unknown
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Thomas Jankowiak
14. MOTHER'S MAIDEN NAME: Mary Wawrzyniak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-2327
17. INFORMANT'S ADDRESS: Emma Jankowiak 329 Woodward Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary occlusion
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Generalized arteriosclerosis
(c)

Interval Between Onset And Death: unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1954 to 5-16, 1954 that I last saw the deceased alive on 5-16, 1954 and that death occurred at 11:15 P. M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Tom A. Rodgers, M.D. ADDRESS 815 Eastern Ave. DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/19/54
NAME OF CEMETERY OR CREMATORY St. Stanislaus
LOCATION (City, town, or county) (State) 1300 Dundalk Ave
DATE REC'D BY LOCAL REGISTRAR 5-17-54
REGISTRAR'S SIGNATURE C W Hudnut
24. FUNERAL DIRECTOR George A. Weber
ADDRESS 705 S. Conkling

04315

MARYLAND 4333

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 56

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 719 Wildwood Parkway ✓

3. NAME OF DECEASED (Type or Print) (First) Emil (Middle) FRederick (Last) Jacobi Sr
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1954

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb 10, 1881 | 9. AGE last birthday 73 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer | 10b. KIND OF BUSINESS OR INDUSTRY Designer
11. BIRTHPLACE (State or foreign country) USA - Penna. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emil F Jacobi
14. MOTHER'S MAIDEN NAME Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Records, Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 1 year

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — Years

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10 ., 19 54, to 5-14 ., 19 54, that I last saw the deceased alive on 5-14 ., 19 54, and that death occurred at 2 05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Sara E. Bennett, MD, Spring Grove State Hosp. Catonsville 28, Md 5-14 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-17-1954 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REG. 5-17-54 | REGISTRAR'S SIGNATURE C A W Keller | 24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04316

4334 CERTIFICATE OF DEATH Reg. Dist. No. 4-4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 8106 Walnut Avenue Chesce Park 6

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) JECELIN, JR.

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-08-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10B. KIND OF BUSINESS OR INDUSTRY: Transit Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Jecelin

14. MOTHER'S MAIDEN NAME: Mary Debinal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 213-05-9447

17. INFORMANT & ADDRESS: Clin. Rec. Vet. Adm. Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 48 HRS.

ANTECEDENT CAUSE (S) DUE TO (B) GENERALIZED ARTERIOSCLEROSIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. INFILTRATION, PULMONARY, ETIOLOGY UNDETERMINED UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Apr. 27, 1954, to May 27, 1954, that I last saw deceased alive on [redacted] and that death occurred at 7:55 A.M., from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, M.D. Chief Medical Service M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 5-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF May 31, 1954 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland 1300 Horners La.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Schimmel Funeral Home ADDRESS 2601 Madison St., Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04317

4335 CERTIFICATE OF DEATH Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ddlewylde
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) STEWART (Last) Jessop

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 11, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Jessop

14. MOTHER'S MAIDEN NAME: Mary Polk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-26-4293

17. INFORMANT & ADDRESS: Home Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease DUE TO — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1954, to May 31, 1954 that I last saw the deceased alive on May 27, 1954., and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elizabeth B. Atwell M.D. Cockeysville, Md. 5/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 6/1/54 Jessops Cem. Cockeysville Md.

DATE REC'D BY LOCAL REGISTRAR 5/31/54 REGISTRAR'S SIGNATURE Wm. J. Shilcutt 24. FUNERAL DIRECTOR L. M. & L. S. Brooks ADDRESS Sparks Md.

VS. A15

RECEIVED
JUN 4 1954
BUREAU V. S.

MARYLAND 4336

04318

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2617 Wentworth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2617 Wentworth Road

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Lillian (Lillie) A. (Last) Johnson

4. DATE OF DEATH (Month) May (Day) 7th (Year) 19[illegible]

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH Dec. 11, 1887 | 9. AGE last birthday 66 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Chaillou

14. MOTHER'S MAIDEN NAME Katie Zulauf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. E. Estelle Walters, 2617 Wentworth Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4-5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3 ..., 19 54, to 5/7 ..., 19 54, that I last saw the deceased alive on 5/7 ..., 19 54, and that death occurred at 445 P. m., from the causes and on the date stated above.

SIGNATURE Nathan Janney (Degree or title) M. D ADDRESS 7101 Harford Rd. DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 10, 1954 | NAME OF CEMETERY OR CREMATORY Parkwood Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. May 8. 1954 | REGISTRAR'S SIGNATURE R.W | 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

Dr. Janney
7101 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04319

4337 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto. Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Rosewood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) (Same)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Agnes (Last) Johnson
4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 54
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 17 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Do not use retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Murphy
14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs Katharine Slavin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) DUE TO Hypertensive C.V.D.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO a Cardiac Enlargement
(c)
Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1953, to 5/19, 1954, that I last saw the deceased alive on 5/18, 1954, and that death occurred at 5:00 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) John C. Riley M.D. ADDRESS Hillcrest Md DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/21/54 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) Balto. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5/20/54 | REGISTRAR'S SIGNATURE T. E. Harris
24. FUNERAL DIRECTOR ADDRESS Mac Nabb & Son Catonsville 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU V. S.

Item 7 & 13 film 4338 56 5 24/54 cm Film#3167 Item# 9 6/25/54 cm

04320 WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Phys[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bethlehem Steel Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY:
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Portsmouth
STREET ADDRESS (If rural, give location): 132 Maryland Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) L. (Last) JUSTICE

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 27, 1908

9. AGE last birthday: 45 46 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY: Seaman

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Justice

14. MOTHER'S MAIDEN NAME: Martha Justice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardiovascular disease	
DUE TO	with old coronary thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Paul F. Mellon M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED: 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 5/18/54

NAME OF CEMETERY OR CREMATORY: Olive Branch

LOCATION (City, town, or county) (State): Portsmouth, Virginia

DATE REC'D BY LOCAL REG.: 5 20

REGISTRAR'S SIGNATURE: A. W. Hedrick L. L.

24. FUNERAL DIRECTOR — **ADDRESS:** Ullrich Funeral Home-4210 Belair Rd.

Film#G167 Item# 8 6/14/54 emf

04321

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4339

Item 12 film G166 6/3/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 681 Silver Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
STREET ADDRESS (If rural, give location): 681 Silver Spring Rd.

3. NAME OF DECEASED (Type or Print): (First) Leon (Middle) (Last) Kaczewski

4. DATE OF DEATH: (Month) May (Day) 26th, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 23, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. L. A. Kaczewski, 681 Silver Spring Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	1 d.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CVD.	—
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to May 26, 1954, that I last saw the deceased alive on May 26, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Yeatts M.D. 8100 Harford Rd. 5/27/54

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: 5/29/54

NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: May 24 1954

REGISTRAR'S SIGNATURE: K.W.

24. FUNERAL DIRECTOR: Kavanaugh Funeral Home ADDRESS: 7401 Belair Rd.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9349 MARYLAND STATE DEPARTMENT OF HEALTH 04322

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7317 Heinle Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4919 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) MARTHA (Last) KALOW

4. DATE OF DEATH: (Month) (Day) (Year) May 29, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 24, 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Koutz

14. MOTHER'S MAIDEN NAME: Barbara Will

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. William Scheeler 7317 Heinle Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 19 54, to 5-29-54, 19....., that I last saw the deceased alive on 5-29, 19 54, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Cardinal, M.D. ADDRESS 234 S. Conkling St. DATE SIGNED 6-1-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: June 2, 1954; NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6-2-54; REGISTRAR'S SIGNATURE G. W. Holmes

24. FUNERAL DIRECTOR: Geo. F. Sander ADDRESS: H. SANDER & SONS, INC. Baltimore, Maryland

4261 MARYLAND STATE DEPARTMENT OF HEALTH 04323

2411 N. Charles Street, Baltimore

Item 8 Film G166 6/1/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 42

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RELAY 27; LENGTH OF STAY (In this place): 8 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS: RELAY HILL HOSPITAL	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: BALTIMORE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE; STREET ADDRESS (If rural, give location): 1349 JAMES ST.
3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) KALTER	4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1954
5. SEX: MALE	6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE	8. DATE OF BIRTH: 9-17-1896
9. AGE last birthday: 59 yrs.	If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HUCKSTER	10b. KIND OF BUSINESS OR INDUSTRY: Business PRODUCE
11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN KALTER	14. MOTHER'S MAIDEN NAME: EMMA GREENING BALT 27 MD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): 1917	16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: MRS. ELSIE COWAN 410 OLD ORCHARD RD	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE	6 YEARS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL EMBOLIS	10 DAYS
	(c) CARCINOMA OF ESOPHAGUS	6 MONS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	AURICULAR FIBRILLATION	6 YEARS

19a. DATE OF OPERATION: 2-9-54	19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF ESOPHAGUS & METASTATIC SPREAD	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1934, to 5-20, 1954, that I last saw the deceased alive on 5-20, 1954, and that death occurred at 11:58 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis P. Jenkins M.D. ADDRESS: Relay 27, Md. DATE SIGNED: 5-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: 5/24/54	NAME OF CEMETERY OR CREMATORY: Western Cem.	LOCATION (City, town, or county) (State): Cemetery of Longwood Md.	
DATE REC'D BY LOCAL REG.: 5-21-54	REGISTRAR'S SIGNATURE: A C Dennis	24. FUNERAL DIRECTOR: John J. Cunniffe	ADDRESS: Baltimore	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04324

4341 CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (22)
STREET ADDRESS (If rural give location) 1910 Merritt Avenue

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) CHARLES (Last) KAPLAN

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 7-6-25 | 9. AGE last birthday 28 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Kaplan
14. MOTHER'S MAIDEN NAME: Mabel Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 212-20-4402
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) MALIGNANT MOLE LEFT LEG WITH GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSE (S) DUE TO METASTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1954, to May 25., 1954, and that death occurred at 12:05 P M, from the causes and on the date stated above.

SIGNATURE WILLIAM E. VANDERGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 5-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/28/54 | NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery | LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 5/27/54 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William J. Tickner & Sons ADDRESS North and Pennsylvania Aves.Balto.,Md.

4342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04325

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7108 Campfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova
STREET ADDRESS (If rural, give location) 7108 Campfield Rd.

3. NAME OF DECEASED (Type or Print): (First) CALVIN (Middle) ROY (Last) KINSTLER
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan. 13, 1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Wood Carver	Own businees	Maryland	

13. FATHER'S NAME: Henry Kinstler
14. MOTHER'S MAIDEN NAME: Ida Bostian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-32-4559
17. INFORMANT AND ADDRESS: Mr. Roy W. Kinstler - 7108 Campfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of Lung	8 mons.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Art. Sclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Deformans — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 19th, 1946, to May 19th, 1954, that I last saw the deceased alive on May 19th, 1954, and that death occurred at 9.40 p.m., from the causes and on the date stated above.

SIGNATURE: James A. Miller (Degree or title) M.D. ADDRESS Pikesville 8, Md. DATE SIGNED May 20th 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/21/54	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-21-54	A W Hearne	Wm. J. Sidney & Sons	Reisterstown, Md.

2

4343 MARYLAND STATE DEPARTMENT OF HEALTH 04326

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2917 Church Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2917 Church Rd

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A. (Last) Kline
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-9-08
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Garfield James
14. MOTHER'S MAIDEN NAME: Frederick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Paul C. Kline 2917 Church Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Ovary, bilateral with multiple metastases — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/16/53
19b. MAJOR FINDINGS OF OPERATION: Bilateral carcinoma of ovary, with multiple metastases
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1953, to 5/22, 1954, that I last saw the deceased alive on 5/22, 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm B Seale MD — ADDRESS: 514 Medical Arts Bldg, Baltimore 1, Md — DATE SIGNED: 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-26-54 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county): Balto Co. — (State): Md

DATE REC'D BY LOCAL REG. 5/26/54 — REGISTRAR'S SIGNATURE: G.M. Lacey

24. FUNERAL DIRECTOR: Charles H. Grant & Son — ADDRESS: 8502 Harford Rd.

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4344

CERTIFICATE OF DEATH

Reg. Dist. No. 04327

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4260 Falls Road

3. NAME OF DECEASED: (First) GEORGE (Middle) W (Last) KNIGHT

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-16-09

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: R.R. Office

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Knight

14. MOTHER'S MAIDEN NAME: Augusta Sense

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 218-10-1635

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

614X
IMMEDIATE CAUSE (A) COR PULMONALE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO EMPHYSEMA — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. EPIDIDYMITIS — 17 DAYS

19A. DATE OF OPERATION: 5-14-54

19B. MAJOR FINDINGS OF OPERATION: Right orchidectomy and left vasectomy. Findings: Enlarged rt. epididymis with abscess

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1954, to May 22, 1954, [redacted] and that death occurred at 1:05 AM, from the causes and on the date stated above.

SIGNATURE, ADDRESS, DATE SIGNED

HOWARD K. PEACOCK, M.D. M.D. VAH, FORT HOWARD, MARYLAND 5-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: May 26, 1954 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5-24-54 — REGISTRAR'S SIGNATURE: A. E. Hedrick, Deputy

24. FUNERAL DIRECTOR AND ADDRESS: Burgee Funeral Home, 3631 Falls Road, Baltimore, Maryland — Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04328

4345 **CERTIFICATE OF DEATH** Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6623 Loch Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 6623 Loch Hill Road

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) LAWRENCE (Last) KOLB

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Dec. 31, 1911

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): electrician

10b. KIND OF BUSINESS OR INDUSTRY: Bocek Bros.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Kolb

14. MOTHER'S MAIDEN NAME: Julia Wirth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gladys Zaruba Kolb, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lymphosarcoma of Ileum — INTERVAL BETWEEN ONSET AND DEATH: Nov 23/53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Generalized metastatic Lymphosarcoma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Nov 23/53

19b. MAJOR FINDINGS OF OPERATION: as above - Resection of Lymphosarcoma of Ileum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none

(CITY OR TOWN) (COUNTY) (STATE) none

TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Nov 23 1953, to May 18, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E. A. Schimunek M.D. ADDRESS 842 S. East Ave DATE SIGNED 5-21-54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 22, 1954
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Belair Rd.

DATE REC'D BY LOCAL REG. 5-21-54
REGISTRAR'S SIGNATURE A. W. Helmus

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.
ADDRESS 2601-2-5 E. Madison St.
E. Schimunek

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04329

9346

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #5 Goeller Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg
STREET ADDRESS 1824 Fulton Ste (If rural, give location)

3. NAME OF DECEASED: (First) ANNA (Middle) (Last) KUGLE

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 15 1875

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Columbia, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ehman

14. MOTHER'S MAIDEN NAME: Sarah E. Getz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Family Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Head of Pancreas	12 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	20 years
	DUE TO (c) Diabetes Mellitus	25 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951, to May 1954, that I last saw the deceased alive on May 23 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Harry B. Smith M.D. 405 Eutaw Ave, Balto. 21, Md. 5-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF May 27-54 — NAME OF CEMETERY OR CREMATORY East Harrisburg Cem. — LOCATION (City, town, or county) Harrisburg (State) Penna

DATE REC'D BY LOCAL REG. 5/25/54 — REGISTRAR'S SIGNATURE Edith Hurley — 24. FUNERAL DIRECTOR (ADDRESS) Baker Funeral Home, Harrisburg Penna

RECEIVED
MAY 27 1954
BUREAU V. S.

Items 18 &21 Film G167B 6/24/54 ams 4347

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04330

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 609 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 609 Sussex Road

3. NAME OF DECEASED: (Type or Print) (First) KENNETH (Middle) Morgan (Last) KUTZ

4. DATE OF DEATH (Month) May (Day) 25 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 22, 1916

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Pharmaceuticals

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Kutz

14. MOTHER'S MAIDEN NAME: Maude Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: [illegible] Sussex Road
Mrs. Kenneth M. Kutz, Towson 4, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 970.2 (a) Barbiturate intoxication due to overdose of barbiturate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None

21c. (City or town) Towson (County) Balto. (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-25-54 11 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Took overdose of barbiturate - Suicide

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. B. Funkenbusch M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 27, 1954

NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery

LOCATION (City, town, or county) New Brunswick, N. J. (State)

DATE REC'D BY LOCAL REG. 5-28-54

REGISTRAR'S SIGNATURE A.W. Redrick

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland ADDRESS

ik

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04331

4348

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dodges Corner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 231 Hopkins Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Forge
STREET ADDRESS (If rural, give location): 231 Hopkins Road

3. NAME OF DECEASED (Type or Print): (First) LORETTA (Middle) AGNES (Last) LAMBDIN

4. DATE OF DEATH: (Month) 5-21-54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1887

9. AGE last birthday: 67 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Jordon

14. MOTHER'S MAIDEN NAME: Hanna Ortlid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mr. P.J.Lambdin-231 Hopkins Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas & Metastasis — Interval Between Onset and Death: 1 year

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 21, 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Tail of Pancreas

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to 5/21, 1954, that I last saw the deceased alive on 5/20, 1954, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE: Glenn B. Carr Jr. (Degree or title) ADDRESS: 6201 York Rd DATE SIGNED: 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-25-54

NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 5-25-54

REGISTRAR'S SIGNATURE: Howard Feldmeier

24. FUNERAL DIRECTOR: Wiedefeld & Son ADDRESS: GREENMOUNT AVE & 22ND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04332

9349 CERTIFICATE OF DEATH Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 409 South Addison Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) L. (Last) LARKIN

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-2-87

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Larkin 2-12-14-426

14. MOTHER'S MAIDEN NAME: Annie Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. Unknown 262-14-2426

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FORT HOWARD,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LARYNX WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.3 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 21, 1954, to May 10, 1954, ~~that I last saw the deceased alive on ... ..., 19..~~, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 5-11-54

JOSEPH M. MILLER, M.D. M. D. Chief, Surgical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 14-54

REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR: H. Ellicott Sons

ADDRESS: Box Eutaw

MAY 1
BUREAU V. S.

04333

MARYLAND
Item 6 Film G166 5/27/54 cm

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

9350

Reg. Dist. No. 4yp

1. PLACE OF DEATH: COUNTY: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (In this place): 25 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural, give location): 3008 Vineyard Lane

3. NAME OF DECEASED (Type or Print)	(First) LEO	(Middle) S.	(Last) LIEBEN	4. DATE OF DEATH	(Month) May	(Day) 17	(Year) 1954
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single	8. DATE OF BIRTH: 7/28/87	9. AGE last birthday: 66 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam fitter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Stephen C Lieben		14. MOTHER'S MAIDEN NAME: Annie C Collins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... CARCINOMA OF LEFT LUNG — Interval Between Onset and Death: 6 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I VA attended the deceased from April 22, 1954, to May 17, 1954, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 5-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: 5-20-54	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county): Baltimore, Maryland	(State)
DATE REC'D BY LOCAL REG. 5-19-54	REGISTRAR'S SIGNATURE: A. W. Hudgins	24. FUNERAL DIRECTOR: Howard Blight Funeral Home	ADDRESS: 5009 Harford Rd. Baltimore, Md.	

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04334

4351

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Woodlawn
LENGTH OF STAY (in this place) 70 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6733 Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodlawn
STREET ADDRESS (If rural, give location) 6733 Winsor Mill Road

3. NAME OF DECEASED (Type or Print): (First) Ferdinand (Middle) Frederick (Last) Liebno

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct 19, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seed Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Griffith Turner

11. BIRTHPLACE (State or foreign country): Balto, Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Liebno

14. MOTHER'S MAIDEN NAME: Hanna F. Ketzka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 160-18-0346

17. INFORMANT AND ADDRESS: Carrie Liebno 6733 Windsor Mill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: about 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease — about 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 19 53, to May 24, 19 54, that I last saw the deceased alive on May 24, 19 54, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE Hallie Tibbett (Degree or title) ADDRESS 2220 Garrison Blvd DATE SIGNED May 26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 27, 1954 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Balto, Md

DATE REC'D BY LOCAL REG. 5-26-54 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: G. Howard Strong — ADDRESS: 3297 W. North Ave, Balto M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4352

CERTIFICATE OF DEATH

04335

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 511 S 48th St

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) Hilda (Last) Lietzau

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 16, 1884

9. AGE: 69 yrs. (Last birthday); If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Julius Rode

14. MOTHER'S MAIDEN NAME: Matilda Muzke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Records Augsburg Home Campfield 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diabetes Mellitus	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerotic Heart Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Intercostal Neuritis — 1 yr.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 6/13, 1953, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 7:20 A m., from the causes and on the date stated above.

SIGNATURE: Paul L. Chambers (Degree or title): M.D ADDRESS: 4108 Liberty Hts. Baltimore 7 DATE SIGNED: May 15 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 5/17/54; NAME OF CEMETERY OR CREMATORY: Emmanuel Cem.; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: May 15 1954; REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR: Paul A Neumann ADDRESS: 6067 Harford Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04336

4353 CERTIFICATE OF DEATH Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson; LENGTH OF STAY (in this place) 3mos. 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25; STREET ADDRESS (If rural give location) 536 Pontiac Avenue

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Lee (Last) Lowman

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/16/1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas W. Lowman

14. MOTHER'S MAIDEN NAME: Emma Phelps

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 215-05-9165

17. INFORMANT & ADDRESS: Raymond Lee Lowman 536 Pontiac Avenue, Balto.25,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — Interval Between Onset And Death: approx. 7 months.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ; DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17 ,19 54, to 5/23 , 19 54, that I last saw the deceased alive on 5/23/ , 19 54 , and that death occurred at 6:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) William Newcomer Superintendent ADDRESS Mt.Wilson,Md. DATE SIGNED 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 5/27/54 NAME OF CEMETERY OR CREMATORY GLEN HAVEN MEM. CEMETERY LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 5/23/54 REGISTRAR'S SIGNATURE Helen M. Kerr

24. FUNERAL DIRECTOR ADDRESS James L.McCully -130 E.Fort Ave.,City

RECEIVED
MAY 28 1954
BUREAU V. S.

Item 14: Form G'LL 5/26/54

04337

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9262 CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): ARBUTUS
LENGTH OF STAY (in this place): 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1304 LINDEN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ARBUTUS
STREET ADDRESS (If rural give location): 1304 LINDEN AVE

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) C. (Last) LUCKERT

4. DATE OF DEATH: (Month) MAY (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	W.	MARRIED	NOV. 19, 1895	58 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ESTIMATER	KOPPERS CO.	BALTIMORE, MD.	

13. FATHER'S NAME: FREDERICK C. LUCKERT

14. MOTHER'S MAIDEN NAME: Lillian Augusta Hetherger FLORENCE FROMME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		MRS ANNA P. LUCKERT, 1304 LINDEN AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Cardio Respiratory failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Benign Nephrosclerosis C

(c) Uremia

Interval Between Onset And Death: .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardio Vascular Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1953, to 13 May, 1954, that I last saw the deceased alive on 13 May, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE: William Byron (Degree or title) M.D. ADDRESS: 4602 Edmondson Ave DATE SIGNED: 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY 17 1954	LOUDON PARK	BALTO, MD.

DATE REC'D BY LOCAL REGISTRAR: 5-17-54 — REGISTRAR'S SIGNATURE: A W Hekert

24. FUNERAL DIRECTOR: Harry A. Tuite — ADDRESS: 1001 EDMONDSON AVE.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04338

4354 CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Randallstown
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgewood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Randallstown
STREET ADDRESS (If rural give location) Edgewood Road

3. NAME OF DECEASED: (Type or Print) (First) CAROLINE (Middle) HOWES (Last) LYCETT

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH: Oct 23 1867

9. AGE last birthday: 86 yrs.
If UNDER 1 YEAR: Months Days
If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lycett

14. MOTHER'S MAIDEN NAME: Caroline Farwell

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Lycett Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio-sclerosis. — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1945 to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Palmer P. Williams M.D. (Degree or title) ADDRESS Reisterstown Md. DATE SIGNED May 1 54

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial

DATE THEREOF May 4 1954

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR 5-3-54

REGISTRAR'S SIGNATURE A W Bedenis

24. FUNERAL DIRECTOR H Jenkins

ADDRESS 1044 Reisterstown Rd

VS. A15

JST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04339

4355 **CERTIFICATE OF DEATH** Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 463 Barnum Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 463 Barnum Pt. Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) Sadie Maccubbin
4. DATE OF DEATH: (Month) (Day) (Year) May 23 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
F.	W.	Married	July 10-1898	55 yrs.	10	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Brown
14. MOTHER'S MAIDEN NAME: Eliz. Gatelein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.)
16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)
17. INFORMANT'S ADDRESS: Richard Maccubbin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Colon	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
April 1954	Carcinoma of Colon	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Apr. 4, 1954, to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
James F. White M.D. 422 Eastern Ave. Baltimore 21, Md 5/24/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 26-54	Baltimore Cem.	Balto.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-24-54	D W Hedrick	John G. Connelly	Emory

04340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4356 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Frederick Road	STREET ADDRESS (If rural, give location) 607 Frederick Rd

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) M[illegible]s	(Last) [illegible]c Gill	4. DATE OF DEATH (Month) [illegible]	(Day) 10	(Year) 19[illegible]		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [illegible]	8. DATE OF BIRTH May 11, 1883	9. AGE last birthday 70 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY ———	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Raleigh C. Thomas		14. MOTHER'S MAIDEN NAME Mary McDonald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Ferdinand [illegible]	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive arteriosclerotic cardiovascular disease	5 yrs +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1947, 19..., to May 10, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A. Hecht Jr.	M.D.	1111 St Paul St, Balto 2, Md	5-11-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/12/54	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/12/54	[illegible] Hedrick	H. W. Meares & Son	805 N. Calvert St.

Duke

Item 7 film G166 6/3/54 cm 4357

04341

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Hospital, Ft. Howard

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2686 Dulaney Street ✓

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) A (Last) MAC NEAL

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 27, 1928

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles W. Macneal

14. MOTHER'S MAIDEN NAME: Clara A. Boll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: 217-24-7459

17. INFORMANT & ADDRESS: Clara A. Macneal 2686 Dulany St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 587.0 Acute Hemorrhagic Pancreatitis — Interval Between Onset and Death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William U. Gerst M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED May 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5-28-54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 28-54

REGISTRAR'S SIGNATURE Ruth Hodnett DMR

24. FUNERAL DIRECTOR Fred A. Cole

ADDRESS 1913 W. Baltimore St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04342

4358 CERTIFICATE OF DEATH Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2300 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural give location) 2300 Taylor Ave.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) J. (Last) MAGANN

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 9-7-1893 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Salesman. | 10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream | 11. BIRTHPLACE (State or foreign country): Balto. Md. | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Michael Magann | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 218-07-9847 | 17. INFORMANT & ADDRESS: Ruth A Magann Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lungs & general DUE TO Metastasis — Interval Between Onset And Death: 5 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1954, to May 12, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE, (Degree or title) Henry Lingamfelter M.D. | ADDRESS 1613 E North Ave. | DATE SIGNED 5-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 14 54 | NAME OF CEMETERY OR CREMATORY Western Cem. | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-15-54 | REGISTRAR'S SIGNATURE H. W. Redmond | 24. FUNERAL DIRECTOR F. B. Gilbert & Son | ADDRESS 1300 Eutaw Pl. 17

VS. A15

4359

04343

MARYLAND

Item 23 film G 166 5/25/54 cm

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X	LENGTH OF STAY (In this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital		STREET ADDRESS (If rural, give location) 1304 S. Caton Avenue ✓	

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Thomas	P.	Mariner		May	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Widowed	6/1/76	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Odd Jobs	Self-employed	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW	None	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	Unknown
Antecedent cause(s)	PROBABLE CARCINOMA OF PROSTATE	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	PROBABLE ACUTE CORONARY OCCLUSION	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 13, 1954, to May 16, 1954 that deceased was last alive on May 16, 1954, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Perry C. Stearns, M. D. ADDRESS VAH, Fort Howard, Md. 5/16/54 DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/18/54	Mt. Olivet Cemetery	Frederick & Mt. Olivet Lane

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-18 54	A. W. Hedrick L.R.	Walters Funeral Home, Baltimore, Md.	Pratt & Stricker Sts. Baltimore, Md.

Roff C. & B. H. Walters

4263

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04344

CERTIFICATE OF DEATH

Reg. Dist. No. 4a

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4503 Linden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 4503 Linden Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA		MAPP	5	8	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Widowed	1-18-1860	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Balto. Md.	U. S. A.

13. FATHER'S NAME: Jacob Wimmer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Rosa M. Hayes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive C. V. D.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal Pulmonary Edema

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/2, 1954, to 5/8, 1954, that I last saw the deceased alive on 5/6, 1954, and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 5/8/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-11-1954	Loudon Park Cem.	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-10-54	A W Redenz	E. Truman Schwab	3512 Frederick Ave. (29)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Original

4360

04345

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Form 2 Film G166.6/2/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Maryland

LENGTH OF STAY (In this place) 19½ years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY AA

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale 22X-2

STREET ADDRESS (If rural, give location) [illegible] Maryland.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Ruth		Marshall	5	17	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	8/19/29	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Marshall	Mary Nutwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Rosewood records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, lobar, left — 18 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Spastic quadriplegia with

DUE TO

(c) Symptomic epilepsy Birth -

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Apr, 19 54, to 17 May, 19 54, that I last saw the deceased alive on 17 May, 19 54, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Harry B. Butler M.D.		Owings Mills Md	17 May 54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1954	Quaker	Galesville Md

DATE REC'D BY LOCAL REG. 5-18-54	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Mary B. Ellis.	Hardesty Funeral Home	Galesville Md

RECEIVED
MAY 21 1
BUREAU V. S.

4361

04346

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 2649 North Waterloo Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) A. (Last) MC CLOSKEY

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-16-94

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bordell, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William F. Mc Closkey

14. MOTHER'S MAIDEN NAME: Lillian MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: 182-05-9696

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PARALYSIS AGITANS — Interval between onset and death: 4 Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Apr. 29, 1954, to May 18, 1954, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT (Degree or title: M.D.) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 5-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 5-19-54 — NAME OF CEMETERY OR CREMATORY: Beverly National Cemetery — LOCATION (City, town, or county) (State): Beverly, New Jersey

DATE REC'D BY LOCAL REG. 5-19-54 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore 14, Md.

SHIPPED TO: Hackman Brothers Funeral Home, 9th and Leigh Streets, Philadelphia, Pa.

04347

MARYLAND 9362

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1746 Forest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1746 Forest Avenue

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) William S. (Last) Mc Kay

4. DATE OF DEATH (Month) May (Day) 11th (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 25, 1903

9. AGE last birthday 51 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) American Oil Co

10b. KIND OF BUSINESS OR INDUSTRY Mechanic

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William R. Mc Kay

14. MOTHER'S MAIDEN NAME Lillian White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Alma W. Mc Kay, 1746 Forest Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Amyotrophic lateral sclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 yr ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1954, to May 11, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David A. Scott, M.D. ADDRESS 2100 Harford Rd. DATE SIGNED 5/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE May 14 1954

NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery

LOCATION (City, town, or county) (State) Bowling Green, Virginia

DATE REC'D BY LOCAL REG. 5-12-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04348

4363 CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - 4
LENGTH OF STAY (in this place) 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Wilden Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 202 Wilden Drive.

3. NAME OF DECEASED: (First) John (Middle) Frederick (Last) Meineke
4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7 Dec 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk.
10b. KIND OF BUSINESS OR INDUSTRY: County Water Bureau.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Meineke
14. MOTHER'S MAIDEN NAME: Mary Trappe.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: Clara Albrecht - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Pulmonary Edema.	3 Hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Recurrent Coronary Occlusion	3 Hrs.
	DUE TO (c) Arteriosclerotic Cardio Vascular Disease	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lymphatic Leukemia — 4 wks.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5 Apr 1954, 19..., to ..., 19..., that I last saw the deceased alive on 5 Apr 1954, 19..., and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robt. A. Abraham MD. ADDRESS 111 Allegheny Ave Towson md DATE SIGNED 5/13/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE THEREOF 5-15-1954 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery LOCATION (City, town, or county) Baltimore (State) md

DATE REC'D BY LOCAL REGISTRAR 5-13-54 REGISTRAR'S SIGNATURE A W Perkins

24. FUNERAL DIRECTOR Glenn F Seitz ADDRESS 5209 York Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05302

4364 CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, Maryland
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 773 Yale Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) J. (Last) MILLER

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-31-97

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto A. Miller

14. MOTHER'S MAIDEN NAME: Augusta Schuman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CORONARY OCCLUSION	UNKNOWN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	(C) DUE TO DIABETES MELLITUS	UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1954, to May 29, 1954, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 3:40PM, from the causes and on the date stated above.

SIGNATURE Loren E. Senn M. D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 5-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-1-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6-1-54

REGISTRAR'S SIGNATURE A. W. Hodges

24. FUNERAL DIRECTOR ADDRESS Howard Blight Funeral Home 6009 Harford Road, Baltimore 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 52

04349

MARYLAND 4365

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLEY — LENGTH OF STAY (In this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DANVILLE
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
[illegible]	[illegible]	[illegible]	MAY	22	19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hr: Hours Min
[illegible]	WHITE	[illegible]	[illegible]	[illegible] yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	[illegible]	[illegible]	[illegible]

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
[illegible]	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — [illegible] 3 DAYS

Antecedent cause(s) — [illegible]

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
[illegible]	[illegible]	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 25, 1954	Druid Ridge Cemetery	Pikesville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-25-54	[illegible]	Ellsworth Armacost	Ellsworth Armacost 4600 Liberty Heights Avenue

MARGIN RESERVED FOR BINDING

Film#G167 Item# 13,14
6/22/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04350

4350

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 yr 2 mo
HOSPITAL OR INSTITUTION, OR STREET ADDRESS The Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlottesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Solomon (Middle) Harry (Last) Miller

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 26, 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Manufact

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: [illegible] Dove Eleazar Miller

14. MOTHER'S MAIDEN NAME: Hannah Bertha Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.1
(a) Chr. Myocardial degeneration — Interval Between Onset And Death: 2yr +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gen. arteriosclerosis
DUE TO (c)

CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER M.D.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 2yr +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Fracture Hip
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hosp
(CITY OR TOWN) Towson (COUNTY) Balto (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 15 1954 a.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Unknown

22. I hereby certify that I attended the deceased from May 2, 1952 to May 3, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 7 50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) W Egan MD
ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson Md.
DATE SIGNED 5/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-5-54
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-5-54
REGISTRAR'S SIGNATURE A W Adams

24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl.

VS. A15

04351

MARYLAND 4367

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4F

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 16 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 1366 Pentridge Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) B (Last) MILLS

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/15/97

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Joiner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Seaford, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Mills

14. MOTHER'S MAIDEN NAME: Virginia Dulton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 231-030-182

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft. Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MULTIPLE INFARCTS OF RIGHT THALAMUS AND LEFT TEMPORAL LOBE — Interval between onset and death: 10 DAYS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) POLYCYTHEMIA, VERA — 17 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 1, 1954, to May 19, 1954, that I saw the deceased and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift (Degree or title) M.D.

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 5/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5-22-1954

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): 3310 Taylor Ave. Balto. Md.

DATE REC'D BY LOCAL REG.: 5-24-54

REGISTRAR'S SIGNATURE: A. W. Hubert

24. FUNERAL DIRECTOR: Henry W Jenkins & Son

ADDRESS: 4905 York Road Baltimore, Maryland

Item 21 Film G166 6/8/54 ams

4368

04352

MARYLAND

STATE DEPARTMETT OF HEALTH

Item 9 film G166 5/27/54, cm

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY in this place 26 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 28
STREET ADDRESS (If rural, give location) 209 Hilton Ave.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Bussels (Last) MITCHELL

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8/25/76

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN BUSSELS

14. MOTHER'S MAIDEN NAME: FLOWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MR. FRANK MITCHELL, 209 HILTON AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	5/17 - 5/23/54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture right hip	3/29/54
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized, severe, arterio-sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Spring Grove Hosp. (CITY OR TOWN): Catonsville (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): March 29 1954 4a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY occur? patient fell on floor when getting out of bed. complained of pain in rt leg, but there were no bruises.

22. I hereby certify that I attended the deceased from 3/29 1954, to 5/23 1954, that I last saw the deceased alive on 5/22 1954, and that death occurred at 5:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Melvin M. Udell, M.D. ADDRESS: Spring Grove State Hosp. Balto. 28 Md. DATE SIGNED: 5/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: MAY 25 54

NAME OF CEMETERY OR CREMATORY: GROVE PRESBYTERIAN CEM.

LOCATION (City, town, or county) (State): ABERDEEN MD.

DATE REC'D BY LOCAL REG.: 5-24-54

REGISTRAR'S SIGNATURE: Dora

24. FUNERAL DIRECTOR: Harry H Nuttle ADDRESS: 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

4264

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04353

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PRINT ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1900 North Rutland Ave Craddock nursing home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe Balto
STREET ADDRESS (If rural, give location) 1900 North Rutland Ave 502 N Fulton Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) R (Last) Moorman
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 54
5. SEX: 7
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Jan 9 1891
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Trent
14. MOTHER'S MAIDEN NAME: Mary Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Elsie Wright 502 N Fulton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal Metastasis (c) Carcinoma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 1951 breast removed for cancer

19a. DATE OF OPERATION: 1951 — 19b. MAJOR FINDINGS OF OPERATION: Breast removed Cancer — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Geo W Kieffer MD (Deputized) Elam Baltimore Co 1010 Leadenhall May 31, 54

BURIAL CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — 6-4-54 — Mt Hollinwood Cem — Baltimore Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

June 1 54 — Geo Kieffer — Mrs Katie L Williams — 322 1/2 E Lanvale St

VS. A1GA

JUN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04354

4369 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) ERNEST (Middle) (Last) MORELAND
(Type or Print)

4. DATE OF DEATH: (Month) APRIL (Day) 12 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming Self
11. BIRTHPLACE (State or foreign country): Penn. Prince Georges Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Moreland
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ernest Moreland Son Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intervertebral endosarcoma DUE TO disease — Interval Between Onset And Death: Previous to 3/14/54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 19 54, to 4/12, 19 54, that I last saw the deceased alive on 3/10, 19 54 and that death occurred at 1:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Peter E Roach MD ADDRESS 3629 E Jamestown Ave Balto 29 Md DATE SIGNED 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-14-54
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Waldorf (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/19/54
REGISTRAR'S SIGNATURE Victor E. Harris mgt.
24. FUNERAL DIRECTOR Hunt & Ryon Waldorf, Md. ADDRESS

VS. A15

2 Gr. Roach (11-12)
aw
3629 Edmonson Ave

RECEIVED
APR 20 1
BURP

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05306

4370

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY of Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 13,
STREET ADDRESS (If rural, give location): 3653 Dudley Ave.

3. NAME OF DECEASED: (First) CLARENCE (Middle) A. (Last) MUIR
4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	White	Married	Jan. 10, 1894	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	retired	Baltimore, Md	U.S.A.

13. FATHER'S NAME: GEORGE MUIR
14. MOTHER'S MAIDEN NAME: ELVA HELEN DRAPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes	World War I	212-05-5072	Personal History Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO Pulmonary Tuberculosis	6 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1952, to 5/30, 1954, that I last saw the deceased alive on 5/30, 1954, and that death occurred at 12:00 Noon from the causes and on the date stated above.

SIGNATURE Melvin B. Kerr M.D. (DEGREE OR TITLE) ADDRESS M.D. Eudowood Sanatorium-Towson, 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 3, 1954	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-2-54	A. W. Lockard	H. SANDER & SONS, INC. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4371 CERTIFICATE OF DEATH

04355

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7428 Brightside Ave.

2. USUAL RESIDENCE (HOME) OF DEACEASED:
STATE Maryland — COUNTY Balt
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale
STREET ADDRESS (If rural give location) 7428 Brightside Ave.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE C. (Middle) NEUMAN, (Last) SR

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 7, 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Can Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Neuman

14. MOTHER'S MAIDEN NAME: Mary Schnitzka

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Johannah Neuman 7428 Brightside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Bronchogenic Carcinoma — Interval Between Onset And Death: 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to May 18, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J M Bamgardner MD — ADDRESS Balto 6 Md — DATE SIGNED 5/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 21, 1954 — NAME OF CEMETERY OR CREMATORY First United Evan. Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 5-21-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Ullrich Funeral Home 4210 Belair Road

MARYLAND STATE DEPARTMENT OF HEALTH

04356

4372 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7104 Wardman Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 7104 Wardman Rd.

3. NAME OF DECEASED (Type or Print): (First) Cover (Middle) B (Last) Newman

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 18, 1899

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treas. Bd. Directors

10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Bottle Caps & Seals

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elmer H. Newman

14. MOTHER'S MAIDEN NAME: Lillian Biddison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 216-07-4657

17. INFORMANT AND ADDRESS: Mrs. Freda J. Newman-7104 Wardman Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide poisoning - suicide — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE, (Degree or title) Asst. M.E. ADDRESS Towson Md. DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/15/54 | NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk. | LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 5-14-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04357

4373

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howa rd; LENGTH OF STAY (in this place) 6 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 7313 Golden Ring Road

3. NAME OF DECEASED: (First) ADAM (Middle) J. (Last) NOSEK

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 1-22-96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pants maker

10B. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Nosek

14. MOTHER'S MAIDEN NAME: Lucy Rasinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO. 217-24-8953

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A) DUE TO	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE IN DECOMPENSATION	UNKNOWN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	PNEUMONITIS, LEFT LUNG	UNKNOWN
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1954, to May 7, , 1954, ~~that I saw the deceased~~ and that death occurred at 5:35 PM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: LOUIS F. HUBENER, M. D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 5-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: May 11-54 NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 5-12 REGISTRAR'S SIGNATURE: R. W. Lodrick

24. FUNERAL DIRECTOR: Willaim S. Fialkowski ADDRESS: 2007 Eastern Ave., Baltimore 31, Md.

Item 11: Film 3166 5/25/54 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

04294

4374

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 W. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; STREET ADDRESS (If rural, give location) 607 W. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Wheeler (Last) Fitz Patrick

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 h: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President Iron & Steel Brokerage Business

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D/C/ N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F. Fitz Patrick

14. MOTHER'S MAIDEN NAME: Isabelle Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: George W. Fitz Patrick Jr. 608 W. Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Pulmonary Edema — Sudden

(c) Chronic Myocardial Failure 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy, Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident, suicide, homicide, undetermined.

SIGNATURE: Charles T. Donnell M.D. (Degree or title) ADDRESS 150 Yacht Dr. Towson DATE SIGNED May 5/54

CREMATION (Specify) Burial | DATE THEREOF May 5, 1954 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REG. 5-3-54 | REGISTRAR'S SIGNATURE a. W Hedrick | 21. FUNERAL DIRECTOR John D. Mitchell & Sons | ADDRESS 1900 Eutaw Place

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

US A15A

04358

MARYLAND — **STATE DEPARTMETT OF HEALTH**

4375 **CERTIFICATE OF DEATH** Reg. Dist. No. 3(3)

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1yr. 3mo. 18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3701.4
STREET ADDRESS (If rural, give location) 713 Park Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Peters

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married--

8. DATE OF BIRTH: 1-26-1885

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Peters

14. MOTHER'S MAIDEN NAME: Emma Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

MARGIN RESERVED FOR BINDING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure and Massive Bronchopneumonia — 23 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-- , 19.54., to 5-27- , 1954., that I last saw the deceased alive on 5-27- , 19.54., and that death occurred at 1:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Hermann Asst MD. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 5-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 5/21/54 | NAME OF CEMETERY OR CREMATORY: Baltimore Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 5-28-54 | REGISTRAR'S SIGNATURE Ida Hebb Deputy | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Vickers & Sons Balto 17, Md.

Film G166 Item 4,22
5/14/54 em

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4376

CERTIFICATE OF DEATH

Reg. Dist. No. 04359

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 81/82 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 705 Benninghaus Road ✓

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) D. (Last) PLUNKETT

4. DATE OF DEATH: (Month) May (Day) 5/4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/4/12

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Tobacco Corp.

11. BIRTHPLACE (State or foreign country): Monticello, Georgia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry L. Thomas

14. MOTHER'S MAIDEN NAME: Bessie Persons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 265-09-1124

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 ✓ X

IMMEDIATE CAUSE (A) CARCINOMA OF THE CERVIX WITH WIDESPREAD

ANTECEDENT CAUSE (B) DUE TO METASTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNK.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 12, 1954, to May 4, 1954 that I last saw the deceased and that death occurred at 2:10 PM, from the causes and on the date stated above.

SIGNATURE Robert C Bair M.D.
ROBERT C. BAIR, M. D.

ADDRESS M. D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: May 8, 1954

NAME OF CEMETERY OR CREMATORY: William's Cemetery

LOCATION (City, town, or county) (State): Monticello, Georgia

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE A.W. Wedrick, L.L.

24. FUNERAL DIRECTOR: John A. Moran Funeral Home

ADDRESS: 3000 E. Baltimore St. Balto., Md.

Item 18 Film G166 6-7-54 ams &22

04360

MARYLAND STATE DEPARTMENT OF HEALTH

4377 CERTIFICATE OF DEATH

Item 9 film G166 6/4/54 cm FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; LENGTH OF STAY (In this place) 11yr 4 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; STREET ADDRESS (If rural, give location) Seminary Ave; College Manor

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Watkins (Last) Pope

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 6 1890

9. AGE Last birthday: 63 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: College Manor

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Silver Watkins

14. MOTHER'S MAIDEN NAME: Could not ascertain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-30-1688

17. INFORMANT AND ADDRESS: Wm Pope Jr. Son Balto Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): William V Gould M.D. ADDRESS: 100 Fort St DATE SIGNED: 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-18-54 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Lutherville

DATE REC'D BY LOCAL REG. 5-17-54 | REGISTRAR'S SIGNATURE: a w Adams

24. FUNERAL DIRECTOR: Silverstein Mowell & Co ADDRESS: Balto

04361

MARYLAND — STATE DEPARTMETT OF HEALTH

4378

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — MARYLAND — LENGTH OF STAY in this place 7½ months — HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — STREET ADDRESS (If rural, give location) 720 Monterey Avenue. ✓

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) (Last) POTTS.

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widows

8. DATE OF BIRTH: ?

9. AGE last birthday: (?) 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.

10b. KIND OF BUSINESS OR INDUSTRY: (?)

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Potts

14. MOTHER'S MAIDEN NAME: Catherine McElwee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: (?)

17. INFORMANT AND ADDRESS: Catherine Woolford 720 Monterey Ave Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Senility with marked

Antecedent cause(s) generalized arteriosclerosis.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17 ., 19 53, to May 1 ., 19 54, that I last saw the deceased alive on May 1 ., 19 54, and that death occurred at 6 A. m., from the causes and on the date stated above.

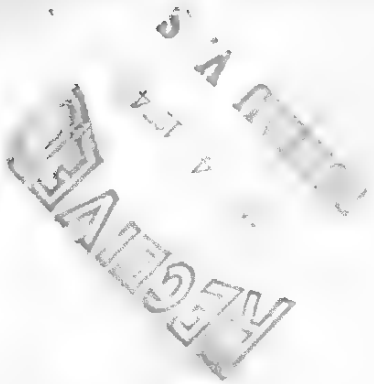
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Spring Grove State Hospital Catonsville Md / by J R Brown M D 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 5-3-54 — NAME OF CEMETERY OR CREMATORY Crumpton — LOCATION (City, town, or county) Crumpton (State) Md.

DATE REC'D BY LOCAL REG. 5-1-54 — REGISTRAR'S SIGNATURE V. E. Farrow

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Edwards Mill Md.



Item 21 Film G166 5/21/54 ams 4379

04362
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL RT 40 MIDDLE RIVER
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PULASKI HIGHWAY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD — COUNTY:
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 612 S BOULDIN ST ✓

3. NAME OF DECEASED: (First) JOHN (Middle) GEORGE (Last) PRELLER
4. DATE OF DEATH (Month) MAY (Day) 2 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	JULY 16 1932	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
LABOR	BETH STEEL CO	BALTIMORE MD	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
HENRY PRELLER	LARA CAMPBEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES, Korea War	213 34 4066	Clara Eggers 612 S. Bouldin St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) TRAUMATIC AMPUTATION, LEFT LEG	
~~DUE TO~~	FRACTURE DISLOCATION, NECK	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH:

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Road	Pulaski Highway, Middle River BaltoCo.Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
May 2, 1954 M.		While pushing auto was struck by another vehicle.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Paul F Guerin M. D. — CHIEF MEDICAL EXAMINER ☒ / DEPUTY MEDICAL EXAMINER ☐ / ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 5/2/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 5-54	Balto. National Cem.	Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-3-54	a w Hoddinott	Dippel Bros.	1800 E. Lombard St.

455

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04363

4380

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co. Md.
STREET ADDRESS (If rural give location) 3619 Lockwood Road

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Margaret (Last) Radecke

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 12, 1870

9. AGE last birthday: 83 yrs.

If UNDER 1 YEAR: Months ... Days ... If UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Radecke

14. MOTHER'S MAIDEN NAME: Mary Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Caroline Killian 3619 Lockwood Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

DUE TO (b) Gen. Arteriosclerosis — ?

DUE TO (c) Hypertrophied Heart-Mitral Insufficiency 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis — 5 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1947, to 5-27-, 1954, that I last saw the deceased alive on 5-27-, 1954, and that death occurred at 6:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Oliver M.D. ADDRESS 3105 N. Charles St. 18. Balto. Md. DATE SIGNED 5-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-29-54 — NAME OF CEMETERY OR CREMATORY Saint Paul's Evangelical Lutheran Cemetery — LOCATION (City, town, or county) (State) Violetville, Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS Ellsworth Armacost 4600 Liberty Heights Avenue

4265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04364

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5736 1st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural give location): 5736 First Avenue.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Carroll (Last) Reinarat

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Sept 5-1890	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	L.O RR	Balto, Md	U.S.A.

13. FATHER'S NAME: Joseph P. Reinarat

14. MOTHER'S MAIDEN NAME: Catherine Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	1917-1918	**	Wife Ellen Reinarat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral accident (Haemorrhage)	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of liver	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... 19..., to May 28, 19 54 that I last saw the deceased alive on May 27, 19 54, and that death occurred at 8 AM m., from the causes and on the date stated above.

SIGNATURE: Frederic S. Beasley (Degree or title) — ADDRESS: 1014 Frances Ave - Balto 57 — DATE SIGNED: May 31

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 1-54	Balto, National	Frederick Ave.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31 54	[signature]	Gertrude Kenny	5644 Carville Ave. Halethorpe, Md.

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4381

04365

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 303 Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 303 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) REISINGER
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	married	July 25, 1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rubin Young
14. MOTHER'S MAIDEN NAME: Elizabeth Olga Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Charles H. Reisinger - 303 Reisterstown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Pulmonary Emphysema	1 yr.
	(c) Pulmonary Tuberculosis	2 1/2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11th, 1952, to May 15th, 1954, that I last saw the deceased alive on May 14th, 1954, and that death occurred at 3.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. Miller MD
ADDRESS Pikesville 8, Md.
DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/18/54
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: A.W. Hedrick L.R.
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04366

CERTIFICATE OF DEATH

9382 Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21214
STREET ADDRESS (If rural give location) 3346 Kenyon Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) F. (Last) RICHTER

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 23, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Charwoman

10b. KIND OF BUSINESS OR INDUSTRY: Mercantile Trust Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Mattern

14. MOTHER'S MAIDEN NAME: Cunigunda Burkhart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Paul A. Richter 3346 Kenyon Ave.-13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Metastases DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Ovary DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovaries

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to May 29, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 2.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Fisher M.D. ADDRESS 3422 Belair Rd. DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 1, 1954

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) Parkville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6-1-54

REGISTRAR'S SIGNATURE A. W. Bellamy

24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 4210 Belair Road,

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04367

4383

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 308 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dodge
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1823 Gough Street

3. NAME OF DECEASED: (Type or Print) (First) Spicie (Middle) (Last) Ricketts
4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 10/7/1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 6 Days 29 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: L. D. Breniger
14. MOTHER'S MAIDEN NAME: Beulah Parsons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Spicie Ricketts, 1823 Gough St., Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 002X (a) Cerebral hemorrhage — ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Tuberculosis; Far Advanced — 1 year

DUE TO

029X (c) Syphilis — Approx. 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ....., 19 53, to 5/5 ....., 19 54, that I last saw the deceased alive on 5/5, 19 54, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Newcomer M.C., Superintendent Mt. Wilson, Maryland 5/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/8/54
NAME OF CEMETERY OR CREMATORY Louden Park, Fred. Ave.
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5/5/54
REGISTRAR'S SIGNATURE Helen M. Myers
24. FUNERAL DIRECTOR Lilly & Zeiler, Inc., ADDRESS 403 S. Wolfe Baltimore, Md.

VS. A15

RECEIVED
MAY 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04368

4384

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point LENGTH OF STAY in this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS #2 Stripper.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) RR 715- Rt 10 New Battle Grove

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Robinson

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 54

5. SEX: Male. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M 8. DATE OF BIRTH: Aug 31 1900 9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker 10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfg 11. BIRTHPLACE (State or foreign country): Baltimore Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph. 14. MOTHER'S MAIDEN NAME: Sophia Doll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 6 of 136 Katherine Robinson new Battle Grove Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9023 Immediate cause (a) Crushed Lower front of chest.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture base Skull.

(c) Amputation at 45th Engine

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Sparrows Point (COUNTY) Balto. (STATE) Md

TIME OF INJURY (Month) May (Day) 2 (Year) 54 (Hour) 7:50 A.M. INJURY OCCURRED While at work ☑ Not while at work ☐ HOW DID INJURY OCCUR? Fell from Top of Lower Lead Crane

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W M Clarmont M.D. 88 Balto. Ave. Dundalk 22 md 5/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/6/54 NAME OF CEMETERY OR CREMATORY Trinity LOCATION (City, town, or county) Baltimor (State) Md

DATE REC'D BY LOCAL REG. 5-3-54 REGISTRAR'S SIGNATURE A W Dedrick 24. FUNERAL DIRECTOR Clarence F Hoffman ADDRESS 2219 Lake ave

JSJ

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

9385

04369

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 1 film G166 6/4/54 cm

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (In this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY B[illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 30 Symington Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) B. RUMMERFIELD, JR.

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-28-13

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher

10b. KIND OF BUSINESS OR INDUSTRY: Can Co.

11. BIRTHPLACE (State or foreign country): Petersburg, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Harry Rummerfield

14. MOTHER'S MAIDEN NAME: Pearl Witchurch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 217-03-3624

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

617X

Immediate cause (a) MUCUS OBSTRUCTION OF TERTIARY BRONCHI WITH MASSIVE ATELECTASIS OF BOTH LUNGS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SODIUM PENTOTHAL ANESTHESIA (OPERATION FOR INCISION AND DRAINAGE OF SCROTAL AND PENILE ABSCESSES

(c)

INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/27/54

19b. MAJOR FINDINGS OF OPERATION: Incison and drainage of scrotal and penile abcesses.

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C.M. Carmine M.D. (Degree or title) ADDRESS: Deputy Medical Examiner Balto. Co. Dunkirk 22 md DATE SIGNED: 5/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-1-54

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG.: May 29 1954

REGISTRAR'S SIGNATURE: R W

24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009-Harford Balto. Md

Mildred F. Blight

g.m.m

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04370

4266 CERTIFICATE OF DEATH

Reg. Dist. No. 4 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1543 SULPHUR SPRING RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural give location) 1543 SULPHUR SPRING RD.

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) J. (Last) RUSSELL (FRANK)

4. DATE OF DEATH: (Month) MAY (Day) 2, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 24, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PRINTER

10b. KIND OF BUSINESS OR INDUSTRY: MENS HATS INC.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALEXANDER RUSSELL

14. MOTHER'S MAIDEN NAME: ELIZABETH UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-05-8920

17. INFORMANT & ADDRESS: MRS. HELEN RUSSELL 1543 SULPHUR SP. RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19..., to May 2, 1954, that I last saw the deceased alive on May 2, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward O. Mullins MD ADDRESS 4300 Hebuta Rd Arb. DATE SIGNED 5/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF MAY 5, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND.

DATE REC'D BY LOCAL REGISTRAR 5-4-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Joseph J. Ambrose Jr. 3288 Sulphur Sp. Rd.

VS. A15

04371

MARYLAND 4386

STATE DEPARTMETT OF HEALTH

Item 9 film G166 6/3/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 5
LENGTH OF STAY (In this place) 1yr.2mo.26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 2707 Arundel Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) W. (Last) Russell

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-1-1873

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jackson Bradley

14. MOTHER'S MAIDEN NAME: Elizabeth English

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: Weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — Years

(c) Pulmonary neoplasm, right lung — Prior to 11-6-53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6- ., 19 53 to 5-28- ., 19 54, that I last saw the deceased alive on 5-28-, 19 54, and that death occurred at 11:35a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Heymann-Drew MD ADDRESS Spring Grove State Hospital DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6-1-54
NAME OF CEMETERY OR CREMATORY: Sharpsburg
LOCATION (City, town or county) (State): Sharpsburg Md

DATE REC'D BY LOCAL REG. 5/29/54
REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR: Howard N Hosford ADDRESS 4107 Wilkens

RECEIVED
JUN 1 1934
BUREAU V. S.

4387

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04372

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9yr. 2mo. 27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 810 McKean Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Sawicki

4. DATE OF DEATH: (Month) May 24, (Day) (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: March 8, 1905

9. AGE last birthday: 49 yrs. If under 1 year: Months Days; If under 24 hours: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adolph Sawicki

14. MOTHER'S MAIDEN NAME: Agatha? Maliszewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General paresis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from the natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Geo. M. Kieffer M.D. Resp. Med. — ADDRESS 1010 Leeds Avenue Arbutus, Maryland — DATE SIGNED 5-24-54

DISPOSITION (Burial, Removal, Cremation, Donation, Specify): Burial — DATE THEREOF May 28/54 — NAME OF CEMETERY OR CREMATORY Holy Rosary — LOCATION (City, town, or county) (State) Balto. County

DATE RECD BY LOCAL REG. 5-25-54 — REGISTRAR'S SIGNATURE Asa Hedrick

24. FUNERAL DIRECTOR John M. Weber — ADDRESS 401 E. Chester St.

Davis

6

MARYLAND STATE DEPARTMENT OF HEALTH

04373

4388

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto- | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn L. Martin Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE.
STREET ADDRESS (If rural, give location) 2407 CHELSEA TERRACE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	E.	Schlerf.	MAY	6	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	MARRIED	DEC. 4, 1889	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELECTRICIAN	GLENN L. MARTIN	BALTO. MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MELCHIOR SCHLERF	ROSE MAHR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	214-01-6440	MRS MARY SCHLERF, 2407 CHELSEA TER.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Edema due to	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Davis MD	Dep. Med. Exam.	Dundalk, Md.	5/7/54

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY 10/54	KREIDER CEMETERY	WESTMINSTER MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/7/54	[illegible] Hedrick	Harry H. Leitch Co.	4101 EDMONDSON AVE.

04374

MARYLAND · 4389

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore (MARYLAND); CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) Since 12/31/45; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2729 Huntington Ave.

3. NAME OF DECEASED (Type or Print): (First) August (Middle) — (Last) Schmale

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 10/4/1873

9. AGE last birthday: 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linotype Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Automible

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Schmale

14. MOTHER'S MAIDEN NAME: Carolina Peate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: 212-07-5257

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Obliterative pericarditis and arteriosclerotic coronary fibrous infarctions — years

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ✓ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bruno Radauskas, MD | Spring Grove State Hospital, Md. | 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May-11-1954 | NAME OF CEMETERY OR CREMATORY St Peters Cemetery | LOCATION (City, town, or county) Baltimore (State) md

DATE REC'D BY LOCAL REG. 5-10-54 | REGISTRAR'S SIGNATURE A. W. Hebeler | 24. FUNERAL DIRECTOR Glenn F. Seitz | ADDRESS 5209 York Rd

Dmm

MARYLAND 9390

04375

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) Since 7/22/1935
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mayland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3401 Mueller Street ✓

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) B (Last) Schmidt
4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 3/12/1862
9. AGE last birthday: 92 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William H. Taylor
14. MOTHER'S MAIDEN NAME: Caroline Mac Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Spring Grove State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Failure of the heart

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bruno Radauskas, M.D. ADDRESS Spring Grove State Hospital, Mayland. DATE SIGNED 5/2/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE 5/6/54 | NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Carmel | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul st.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04376

4391 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 40 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1402 MIDVALE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 1402 MIDVALE AVE

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) V. (Last) SCHWARTZ

4. DATE OF DEATH: (Month) MAY (Day) 6 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: MARCH 8, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN A. LEMMERMAN

14. MOTHER'S MAIDEN NAME: MARY APPY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ROB'T E. SCHWARTZ, 1402 MIDVALE AVE.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 260 X
(a) CHRONIC MYOCARDIAL DEGENERATION

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ARTERIOSCLEROSIS.----------

DUE TO

(c) (DIABETES MELLITUS.)

Interval Between Onset And Death: 7 yrs / 8 ..

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13 ..., 1947, to 5/6 ..., 19.54, that I last saw the deceased alive on 4/20, 1954, and that death occurred at 9:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Floyd Johnson M.D. Catonsville Md 5/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF MAY 8/54

NAME OF CEMETERY OR CREMATORY LOUDON PARK

LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 5/7/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harry H. Wiltze ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4392 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04377

CERTIFICATE OF DEATH

Items 8, 12 film G166 6/7/54 cm

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7927 Long Meadow Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 7927 Long Meadow Rd

3. NAME OF DECEASED (Type or Print): (First) REBECCA (Middle) - (Last) SCHWARTZ

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: unknown

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mollie Lichman - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1954 X

Immediate cause (a) Spinal tumor - malignant — Interval between onset and death: about 2 1/2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-13-1953 to May-24-1954 that I last saw the deceased alive on May-24-1954 and that death occurred at 7:40 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Herman Deidel — ADDRESS 2404 Eutaw Pl — DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 5-26-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Albany — (State) N.Y.

DATE REC'D BY LOCAL REG. MAY 26 1954 — REGISTRAR'S SIGNATURE Hunter Williams M.D. Dr C. Nichols — FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2106 Eutaw Pl

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 28 1954
BUREAU V. S.

04378

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4393

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rodgers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 241 Rodgers Forge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
STREET ADDRESS (If rural give location) 241 Rodgers Forge Rd.

3. NAME OF DECEASED: (Type or Print) (First) LUCETTA (Middle) B. (Last) SCOTT

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Sept. 24, 1885

9. AGE last birthday 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Bertram

14. MOTHER'S MAIDEN NAME: Lucetta Grossman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Frank L. Scott - 241 Rodgers Forge Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) DUE TO Cerebral Thrombosis and Congestive Heart Failure

ANTECEDENT CAUSE (B) DUE TO Senile

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953 to May 1, 1954, that I last saw the deceased alive on May 1st, 1954 and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 2330 Linden Ave - Balto 17 DATE SIGNED May 3, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/5/54	Pine Grove United Brethren	Rayville, Md.

DATE REC'D BY LOCAL REGISTRAR 5-3-54 | REGISTRAR'S SIGNATURE W. W. Kelly | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04379

4394

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Overlea
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7413 Beech Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea
STREET ADDRESS (If rural give location) 7413 Beech Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Sesco

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col.	Married	Dec-27-1895	58 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor	Building	Arrundle CO.MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Seeco	Sidonnia Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mary Seeco 7413 Beech Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cutero-Sclerotic Cardio-Vascular disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 ....,1953, to May 20 ., 1954, that I last saw the deceased alive on May 20 ....., 1954, and that death occurred at 8 P.M. ....., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J.W. Baumgardner MD	Balto 6 Md.	5/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/1954	Arbutus Mem. Park	Arbutus Balto.Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-25-54	Mrs Helen Druze	Elroy Wilson	1000 Brantley Ave

4395

04380

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road, south of Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Phoenix

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	AGNES	SHYLER	May 18 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widow	Feb. 14, 1898	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Balto. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Wilson	Susana Huebeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	Robert E. Sleeker, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injury of chest

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of dorsal and cervical spine

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Road	South of Cockeysville-Baltimore, Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
May 18, 1954 10:20 P.M.		Riding in car which was struck from behind by another auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	5-22-54	Jessops Methodist	Sparks, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 May 54	Anne Armistead MacRae	J. Scott Brooks	Sparks, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04381

4396 CERTIFICATE OF DEATH Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rodgers Forge
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Hopkins Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rodgers Forge
STREET ADDRESS (If rural give location) 310 Hopkins Rd.

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) MARY (Last) SIMMS

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow | 8. DATE OF BIRTH: Nov 21 1868 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Hess

14. MOTHER'S MAIDEN NAME: Mary Ann Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Edith A Wietscher 310 Hopkins Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Congestive Acute HEART FAILURE DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIS DUE TO

(c) Senile Changes

Interval Between Onset And Death: (a) 2 hours; (b) 10 years; (c) Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) ROGERS FORGE - BALTO - (COUNTY) (STATE) MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur J Davies MD | ADDRESS 800 W 33rd St BALTIMORE Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 2 1954 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Parkville Balto Co Md

DATE REC'D BY LOCAL REGISTRAR June 4, 1954 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR A Wenkins Sons Co | ADDRESS 4905 York Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Approved Ralph C. Hudson M.D., D.M.E.
May 31, 1954 Towson Md.

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04382

4397 CERTIFICATE OF DEATH Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkwood Pt. LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7807 North Cove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN m
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) (Last) Sitar
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 9. 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Czechoslovakia.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: John Tanchibok
14. MOTHER'S MAIDEN NAME: unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Frank Sitar (address as #1)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure + anasarca — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease — 10 yrs

DUE TO

(c) 260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 16 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1 ,19 54, to May 17, 19 54, that I last saw the deceased alive on May 15 19 54, and that death occurred at 3:30 P., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED
Louis N. Rollin M.D. 6908 North Point Rd (19) May 17/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 5-20-54.
NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM.
LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD. MD.
DATE REC'D BY LOCAL REGISTRAR: 5-19-54
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Charles L. Zeller
ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

451

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

4253

04383

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: legibly write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7340 Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7340 Manchester Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Shuriut

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1880

9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY?: Do not

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: Poland

13. FATHER'S NAME: Antoni Shuriut

14. MOTHER'S MAIDEN NAME: Mary Kalek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Thomas Shuriut 7340 Manchester Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. D. 7325 Dundalk Ave. Dundalk, Md. 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 10/54

NAME OF CEMETERY OR CREMATORY: St Stanislaus Cem

LOCATION (City, town, or county) (State): Balto. City

DATE REC'D BY LOCAL REG.: May 8 1954

REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR ADDRESS: John M. Weber 401 S. Chester

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ■rrect ■ge ■s especially important. Physicians: please write the causes ■f death clearly and legibly.

■ MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04384

9398

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 12 yrs 11 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural give location) 1527 Retreat St

3. NAME OF DECEASED: (Type or Print) (First) Ferdinand (Middle) Freyfe (Last) Snyder

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Oct. 8 - 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 10 Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10B. KIND OF BUSINESS OR INDUSTRY: Own Bus. Meat

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus Snyder

14. MOTHER'S MAIDEN NAME: Isabelle Freyfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Vascular

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Accident due to

DUE TO (C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Months 1954 to May 17, 1954 that I last saw the deceased alive on May 17, 1954, and that death occurred at 5-45 P M, from the causes and on the date stated above.

SIGNATURE Walter T. Lees M. D.

ADDRESS Cockeysville Md

DATE SIGNED 17 May 1954

23. BURIAL, CREMATION, ~~REMOVAL (Specify)~~ | DATE THEREOF May 20/54 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR May 20/54

REGISTRAR'S SIGNATURE Laura M. Schroeder

24a FUNERAL DIRECTOR Wm. Cook, St Paul & Preston St

ADDRESS

RECEIVED
MAY 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04385

4399 **CERTIFICATE OF DEATH** Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1723 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) James (Last) Snyder

4. DATE OF DEATH. (Month) 5 (Day) 25 (Year) 1954

5. SEX. Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Separated

8. DATE OF BIRTH: 9/29/00

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months 7 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: Social Security

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mahon Snyder

14. MOTHER'S MAIDEN NAME: Catherine Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 716-05-4386

17. INFORMANT & ADDRESS: Joseph James Snyder 1723 Guilford Balto., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis; Far Adv. — INTERVAL BETWEEN ONSET AND DEATH: 5 mos.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hydropneumothorax, right — ?

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18 ., 1954, to 5/25 ., 1954 that I last saw the deceased alive on 5/25/54., 19....., and that death occurred at 11:05 A. M., from the causes and on the date stated above.

SIGNATURE William Nuremus M.D. Mt. Wilson, Maryland

DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 5/28/54

NAME OF CEMETERY OR CREMATORY ROSEHILL CEMETERY

LOCATION (City, town, or county) (State) ALTOONA, PA.

DATE REC'D BY LOCAL REGISTRAR 5/25/54

REGISTRAR'S SIGNATURE Helen M. Klein

24. FUNERAL DIRECTOR ADDRESS William Cook, Inc., St. Paul & Preston Streets, Baltimore, Md.

VS. A15—10-5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1
BUREAU V. S.

04386

MARYLAND STATE DEPARTMENT OF HEALTH

4400 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown, Md.
STREET ADDRESS (If rural, give location) 209 Butler Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Stanley (Last) Sprague
4. DATE OF DEATH: (Month) (Day) (Year) May 17, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19, 1916
9. AGE last birthday: 37 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance, Special Agent U.S.F.& G.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Milford, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Henry Sprague
14. MOTHER'S MAIDEN NAME: Susan Amerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY NO. 118-09-9361
17. INFORMANT AND ADDRESS: Mrs. John Sprague, 209 Butler Rd., Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 12 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none
(CITY OR TOWN) none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at work ☐ Not while at work ☐ none
HOW DID INJURY OCCUR? none

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: D. D. Caples (Degree or title) Deputy Md. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 5-18-54

CREMATION (Yes or No) Burial — DATE THEREOF: May 21/54 — NAME OF CEMETERY OR CREMATORY: Van Tynekill Cem. — LOCATION (City, town, or county) Ellensville, (State) N.Y.

DATE REC'D BY LOCAL REG. 5-20-54 — REGISTRAR'S SIGNATURE: Mary B. Eline. — 24. FUNERAL DIRECTOR AND ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04387

4491

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (19) | LENGTH OF STAY (In this place) 6 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 619 E. ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19)
STREET ADDRESS (If rural, give location) 619 E STREET

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) STONE

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: 28 SEPT. 1873 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): PENNA. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNK | 14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): NO | (If year, give war or dates of service): NO | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT AND ADDRESS: MRS. JOSEPH SPELLACY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute coronary insufficiency	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	7 yrs.
	(c) Generalized arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Means	M.D.	520 Dundalk Ave. Dundalk, Md.	5/14/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) / (State)
BURIAL	5-18-54	FORT STEUBEN	STEUBENVILLE OHIO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17-54	Dawson L. Barber	White Oak Funeral Home, Dundalk, Md.	

RECEIVED
MAY 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04388

CERTIFICATE OF DEATH

Reg. Dist. No. 30

4402

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 28
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1125 N. Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
ADDRESS (If rural, give location) 1125 N. Rolling Road.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J (Last) STREIT

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 5, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Streit

14. MOTHER'S MAIDEN NAME: Elizabeth Rauseyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 217-32-8888

17. INFORMANT & ADDRESS: Hilda S. Reich 1125 N. Rolling Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CHRONIC MYOCARDIAL DEGENERATION.....	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ARTERIO SCLEROSIS.....	3 ..
	DUE TO (c) SENILITY....	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 19 52, to 5/16, 19 54, that I last saw the deceased alive on 5/15, 19 54, and that death occurred at 1 a m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Lloyd Johnson M.D. ADDRESS Catonsville M.D. DATE SIGNED 5/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 18-1954 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) Baltimore — (State) Md

DATE REC'D BY LOCAL REG. 5/17/54 — REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR John F. Teufel — ADDRESS 5311 Edmondson Ave.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04389

4267 CERTIFICATE OF DEATH Reg. Dist. No. 6-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RELAY 27, MARYLAND
LENGTH OF STAY (in this place) 44 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RELAY HILL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1919 WILHELM ST. ✓

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) J. C. (Last) STRUBE

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6-29-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): BUTCHER

10b. KIND OF BUSINESS OR INDUSTRY: MEAT SELLING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George STRUBE

14. MOTHER'S MAIDEN NAME: Elizabeth WALERHAFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: P

17. INFORMANT & ADDRESS: MRS. CARRIE STRUBE 1919 WILHELM ST. BALT 23, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) PULMONARY EDEMA — Interval Between Onset And Death: 48 HRS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CONGESTIVE FAILURE — 7 WKS

DUE TO

(c) ARTERIOSCLEROTIC HEART DISEASE YRS?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1954, to 5-6, 1954, that I last saw the deceased alive on 5-6, 1954, and that death occurred at 7:13 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo. P. Yeuley ADDRESS c/o RELAY HILL HOSP. RELAY 27, MD. DATE SIGNED 5-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 5-10-54

NAME OF CEMETERY OR CREMATORY LOUDON PARK

LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 5-13-54

REGISTRAR'S SIGNATURE A. W. Kedrick

24. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave. Balto., Md.

L.L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04390

CERTIFICATE OF DEATH

4403

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Silver Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) 7 Silver Spring Road

3. NAME OF DECEASED (Type or Print) (First) CLEFF (Middle) O. (Last) SUMNER, SR.

4. DATE OF DEATH (Month) May (Day) 7th (Year) 19 54

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH July 17, 1897

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Cleaner

10b. KIND OF BUSINESS OR INDUSTRY own business

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sherman Sumner

14. MOTHER'S MAIDEN NAME Clara Boocker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-9999

17. INFORMANT AND ADDRESS Mrs. C.O. Sumner, Sr., 7 Silver Spring Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis

(c)

INTERVAL BETWEEN ONSET AND DEATH unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 5/7/, 1954, and that death occurred at 6:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. J. Battaglia M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF May 10, 1954

NAME OF CEMETERY OR CREMATORY Moreland Memorial

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 5/10/54

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Kavanaugh Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU V. S.

1404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04391

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7700 York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 7700 York Road

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) VIRGINIA (Last) SUSEMIHL
4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 15, 1873
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Isaac Herold
14. MOTHER'S MAIDEN NAME: Anna Marie Schwab

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT AND ADDRESS: Mr. John Susemihl 7700 York Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: Two days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 54, 1954, to May 13, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 6 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Everett Green, Medical Arts Bldg - Baltimore — ADDRESS — DATE SIGNED 5/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-15-54
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 5-14-54
REGISTRAR'S SIGNATURE: Ida Holland
24. FUNERAL DIRECTOR: H. SANDER & SONS, INC. — ADDRESS: Baltimore, Md.
Geo. F. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04392

CERTIFICATE OF DEATH

Reg. Dist. No. 44

4405

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1109 Abbott Court

3. NAME OF DECEASED: (First) IVAN (Middle) E. (Last) TOMPKINS
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7-7-93	60 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Taxi Business	Caro, Michigan	U.S.A.

13. FATHER'S NAME: Clarence Tompkins
14. MOTHER'S MAIDEN NAME: Myrtle Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	217-01-6642	Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE	(A) DUE TO	NARROWING OF ORIFICE OF RIGHT CORONARY WITH INFARCTION AND ISCHEMIA OF RIGHT AND LEFT VENTRICLES	UNKNOWN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	SYPHILITIC ACRTITIS INCLUDING ORIFICE RIGHT CORONARY ARTERY	UNKNOWN
	(C)	CHRONIC PASSIVE CONGESTION OF VISCERA WITH MULTIPLE INFARCTS OF LUNGS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		THROMBOSIS OF RIGHT CORONARY ARTERY	UNKNOWN

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to May 28, 1954, ~~that I last saw the deceased~~ that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE William B. Vanderpitt
ADDRESS M. D. VAH, Fort Howard, Md.
DATE SIGNED 5-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1, 1954	Mt. Olivet Cemetery	Frederick & Mt. Olivet Lane Balto. Md

DATE REC'D BY LOCAL REGISTRAR: May 29 1954
REGISTRAR'S SIGNATURE: R.L.W.
24. FUNERAL DIRECTOR: Howard Blight Funeral Home
ADDRESS: 6009 Harford Rd Balto. Md
Howard F. Blight

VS. A15—10-53

MARGIN RESERVED FOR BINDING.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4254 **MARYLAND STATE DEPARTMENT OF HEALTH** 04393

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. H

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — CITY OR TOWN Dundalk — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 1513 Vesper Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — STREET ADDRESS (If rural, give location) 1513 Vesper Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Erwin	H.	Trupke	May	3	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 27, 1904	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Sparrows Point	Germany (Breslau)	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rudolf Trupke	Ida Lehmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	218-07-2673	Emelia Trupke 1513 Vesper Ave 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
446 Immediate cause	(a) Malignant Hypertension	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 5, 1954, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE Eugene R. Evans (Degree or title) ADDRESS 1 Liberty Parkway DATE SIGNED May 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-6-1954	Holy Cross (Polish)	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-5-54	A W Pedrick	Lilly & Zeiler Inc.,	403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04394

4268

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4130 Wilkens Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus

STREET ADDRESS (If rural, give location) 4130 Wilkens Ave

3. NAME OF DECEASED: (Type or Print) (First) Morris (Middle) Henry (Last) Walmer

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Aug. 13, 1872	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Dr. Veterinary		Tower City, Pa.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Elias S. Walmer	Susian D. —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	203-10-2872	Gertrude Walmer 4130 Wilkens Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic Heart disease	?
	(c) DUE TO age -	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May, 1950, to May 26, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M. B. Schreiber M.D. 548 Fulton Ave. Baltimore 23, Md. 5-26-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-29-54	Loudon Park	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR AND ADDRESS
5-27-54		Howard H. Hubbard, 4107 Wilkens Ave

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9406

WC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 04395

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Woodlawn Balto Co. | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Lin high Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Maude (Middle) Baltzell (Last) Warner
4. DATE OF DEATH (Month) May (Day) 22 (Year) 1954

5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: July 10 1870
9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY Wife
11. BIRTHPLACE (State or foreign country): Frederick Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Chas. E. Collins
14. MOTHER'S MAIDEN NAME: Susan R. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Jacqueline A. Krause Granddaughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH .....

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 22 1954 9 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY occur?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. McCarmine M. D. M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAMINER~~ ☑
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 25 1954
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Woodlawn Md

DATE REC'D BY LOCAL REG. 5-25-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Edwin Bullock Funeral Home
ADDRESS 4710 Belair Rd

MARYLAND

04396

STATE DEPARTMETT OF HEALTH

4407

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 604 Waltemeyer Court

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) [illegible] (Last) WASHINGTON

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-12-95

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Washington

14. MOTHER'S MAIDEN NAME: Emma Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin. Rec. Vet. Adm. Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CHRONIC PYELONEPHRITIS WITH AZOTEMIA	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-28-54

19b. MAJOR FINDINGS OF OPERATION: Bilateral trephine and tracheotomy - No definite abnormalities found

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19, 1954, to May 16, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 5-17-54

Chief, Surgical Service

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 19, 1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: A. W. Hedrick, A.L.

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

04397

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4408 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON, — LENGTH OF STAY (in this place) ABOUT 6 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS STELLA MORIS HOSPICE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 303 MT HOLLY ST.

3. NAME OF DECEASED (Type or Print): (First) ALMA (Middle) G. (Last) WATTS
4. DATE OF DEATH: (Month) MAY (Day) 1 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	SINGLE	MAY 29, 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	USF&G	MARYLAND	

13. FATHER'S NAME: THOMAS WATTS
14. MOTHER'S MAIDEN NAME: REBECCA CARROLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		STELLA MARIS HOSPICE, DULANEY VALLEY RD. TOWSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 260X Cerebral Hemorrhage — 7 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio Renal Vas Dis — 10 yrs
(c) Diabetes Mellitus — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1954, to May 1, 1954, that I last saw the deceased alive on April 30 1954 and that death occurred at 5:45 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles T. O'Donnell	MD	7501 York Rd Towson 4	5/1/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY 4, 1954	NEW CATHEDRAL	BALTIMORE, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May. 6, 1954	Mabel C. Gray	Harry H. Lutz & Co	4101 EDMONDSON AVE.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 7
BUREAU N. S.

4409

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04398

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 E. Chesapeake Ave. Towson Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): formerly of the Marylander Apts.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROLAND	O.	WEHRHEIM, Sr.	May	24,	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	widowed	Feb. 28, 1887	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Office	Insurance	Illinois	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Wehrheim	Wilhelmina -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	(If yes, give war or dates of service)	Mrs. Harriet W. Beaumont-707 Spring Drive ~~Richmond 26, Va.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, bilateral	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary metastatic carcinoma	indef.
	(c) Carcinoma of prostate	indef.

177 x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart failure — indef.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1954, to May 24, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thaddeus C. Siwinski M.D.	17 W. Penna. ave Towson	May 25, 1954

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	5/26/54	Green Mount Crem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-25-54	[illegible]	Wm. J. Pickens & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04400

4410 CERTIFICATE OF DEATH Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDonogh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDonogh
STREET ADDRESS (If rural give location) McDonogh Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Caroline Reynolds Whitelock

4. DATE OF DEATH: (Month) (Day) (Year) May 1, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widowed

8. DATE OF BIRTH: June 27, 1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE (State or foreign country): Harford County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Franklin Reynolds

14. MOTHER'S MAIDEN NAME: Johnanne Whitelock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Albert Hildebrandt McDonogh Road Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

403.0 Immediate cause (a) Arterio - Sclerotic Heart Disease — Interval Between Onset And Death: 8 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) - Fracture of Rt. Hip - — 3 days.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio - Sclerosis — 8 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☑ SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Mc. Donogh (COUNTY) (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 4 - 29 - 54 - P m.

INJURY OCCURRED While at Work ☐ Not While At Work ☑

HOW DID INJURY OCCUR? - Fell on floor -

22. I hereby certify that I attended the deceased from Oct. 1, 1946, to May 1, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 6.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul L. Chamberlain M.D. ADDRESS 4108 Liberty Hts Balto - 7 - Md. DATE SIGNED 5-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5-4654

NAME OF CEMETERY OR CREMATORY Rock Run

LOCATION (City, town, or county) (State) Harford County, Maryland

DATE REC'D BY LOCAL REGISTRAR 5-4-54

REGISTRAR'S SIGNATURE T

24. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost

ELLSWORTH ARMACOST
4600 Liberty Heights Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04401

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 14 film G160 6/4/54 cm

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 NUNNERY LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; STREET ADDRESS (If rural, give location) 112 NUNNERY LANE

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) WILHELM SR.

4. DATE OF DEATH: (Month) MAY (Day) 29 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 10, 1886

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. PAYROLL HEAD

10b. KIND OF BUSINESS OR INDUSTRY: STANDARD OIL

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE WILHELM

14. MOTHER'S MAIDEN NAME: ELIZABETH unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-09-0179

17. INFORMANT AND ADDRESS: MRS MARGARET WILHELM, 112 NUNNERY LANE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Terminal Hypostatic — Interval Between Onset and Death: 2 Weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis Chronic — 20 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1933, to 5/29, 1954 that I last saw the deceased alive on 5/28, 1954, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elliot W. Johnson MD

ADDRESS: 3432 Frederick Ave

DATE SIGNED: 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: JUNE 1, 1954

NAME OF CEMETERY OR CREMATORY: WOODLAWN

LOCATION (City, town, or county) (State): WOODLAWN MD.

DATE REC'D BY LOCAL REG. 5/31/54

REGISTRAR'S SIGNATURE: C E Harry

24. FUNERAL DIRECTOR: Harry H. Witzke

ADDRESS: 4101 EDMONDSON AVE.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04399

4412 CERTIFICATE OF DEATH Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 609 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 609 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Virginia (Last) Winters

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 31 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Confect. Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Wilhelm

14. MOTHER'S MAIDEN NAME: Ruth Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-34-3184

17. INFORMANT & ADDRESS: Wm J Winters Reisterstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of left ovary — 1½ yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-20-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left ovary

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none

(CITY OR TOWN) none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Dec. 16, 1937, to May 31, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE D. D. Caplis (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 6-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 3 1954 NAME OF CEMETERY OR CREMATORY All Saints Cemetery LOCATION (City, town, or county) Reisterstown (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-2-54 REGISTRAR'S SIGNATURE Mary B. Elliott

24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

VS. A15

RECEIVED
JUN 3 19[illegible]
TAU V. S.

05367

MARYLAND 9413

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING
correct age is especiit. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print)	JOSEPH YOUCH
2. DATE OF DEATH	MAY 11, 1954
3. PLACE OF DEATH: A. Baltimore City or Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	812 Hegester Ave. ARMACOST NURSING HOME
c. Length of stay in Baltimore	OVER 30 Yrs. ~~Mos. Days~~
4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE	MARYLAND B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	BALTIMORE
D. STREET ADDRESS (If rural, give location)	827 HOLLINS ST.
5. SEX	M
6. COLOR OR RACE	W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	WIDOWED
8. DATE OF BIRTH	Oct. 20, 1889
9. AGE (In years last birthday) / If Under 1 Year Months Days / If Under 24 Hours Hours Min.	64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TAILOR
10B. KIND OF BUSINESS OR INDUSTRY	CLOTHING
11. BIRTHPLACE (State or foreign country)	LITHUANIA
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13. FATHER'S NAME	Stanley Youch
14. MOTHER'S MAIDEN NAME	Mary Yelvis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	UNKNOWN
16. SOCIAL SECURITY NO.	215-24-2617
17. INFORMANT ADDRESS	Mr. Charles Youch-155 Birch Lane, Scotia 2 N.Y.

MEDICAL CERTIFICATION

18. 42.0.1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2½ Hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY ARTERIOSCLEROSIS — 2-3 YRS

DUE TO

(C) ARTERIOSCLEROSIS, GENERAL — 2-3 YRS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebrovascular accident, R. hemiplegia 8 MOS

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
—	—	—	YES ☐ NO ☑

22. *I hereby certify that I attended the deceased from* SEPT- 1954 *to* MAY, 1954 *that I last saw the deceased alive on* APRIL 7, 1954 *and that death occurred at* 1405 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. Carl Belvis M. D.	University Hospital	May 11, 1954

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	5/14/54	Holy Redeemer Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
5-12-54	[illegible] Hedrick	Wm. J. Pickner & Sons	

Item 18 2/2 Film G167 6/14/54 ams

4414

04404

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Warren Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SUSAN	ELLEN	ZIMMERMAN	May	6	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White		May 8, 1947	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
E. Allen Zimmerman	Barbara Eudor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Father, above address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia secondary to congenital aortic arch anomaly

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Green M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED May 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	5-9-54	Glenmalira Meth.	Monkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 May 1954	Anne Armistead MacRae	J. Scott Brooks, Sparks, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAY 11 1951
BUREAU V. S.